DESIGN BRIEFING SYSTEM

DBS23

MC0316

Hospital Accommodation for Children

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
and the WELSH OFFICE

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The Design Briefing System (DBS) has been developed by the DHSS in conjunction with the revision of Health Building Notes (HBNs) and has already undergone extensive field trials. It has now reached a definitive form in which the first two to be produced are this document and 'Accommodation for Staff Changing and Storage of Uniforms'.

Both DBS documents are sold and packaged together with the corresponding HBN, and it is intended that all future new or revised HBNs will be issued with a companion DBS document.

Additional copies of DBS are available as separate priced documents from HMSO (see opposite).

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Design Briefing System

HOSPITAL ACCOMMODATION FOR CHILDREN

Parts 1 and 2

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This design Briefing System (DBS) document should be used in conjunction with Health Building Note No.23, Hospital Accommodation for Children. It is essentially a working document for recording decisions at project team meetings when formulating user requirements for a design brief. All members of the project team will require their own copy.

Further copies of this DBS document are available from HMSO bookshops and agents (see Yellow Pages) or through any good bookshop.In case of difficulty write to:-

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Design Briefing System

HOSPITAL ACCOMMODATION FOR CHILDREN

Part 1

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Design Briefing System

INTRODUCTION

1. The preparation of design briefs for health buildings can be simplified by using a briefing aid produced by the Department of Health. Called Design Briefing System, or DBS for short. It helps project teams to identify user requirements in a logical well-considered manner.

2. What DBS provides
The system adopts a disciplined check list approach, identifying the planning decisions which need to be made. It is adaptable to the needs of individual project teams. A range of appropriate planning options is provided on the right hand pages of each DBS document, together with extracts of associated guidance from Health Building Notes (HBNs) on left hand pages. There is a simple referencing system which allows cross checking for compatibility of decisions made, and tracing throughout each document the consequences of changing decisions. They are arranged so that project team members can make their own record of decisions in the document itself mostly by ticking options, or entering additional text in the appropriate place. The brief is then typed directly from the completed Master document, supplemented where necessary with information from project team minutes.

3. Using DBS encourages project teams to consider the compatibility of decisions in a systematic and logical manner, thereby preparing a brief containing adequate detail of the user requirements. This should help to improve those areas in which some past designs have been deficient. For example, the provision of inadequate access or space; inadequate storage facilities.

4. DBS is primarily concerned with the detailed briefing stage of a project - preparation of the client/users contribution to a comprehensive design brief. In addition to providing information to the designer,the brief is useful at the commissioning stage , and for evaluation when the building has been in use for a period.

5. The use of DBS enables client/user requirements to be stated clearly and concisely by the project team, not only in respect of accommodation, but also how that accommodation is to be used. Furthermore,during refinement of the brief,use of DBS enables a check to be made on the implicatations of modifications resulting from previous client/user decisions, i.e. it establishes a systematic data chain which can be referred to if at some subsequent stage it is necessary to trace back the reason for decisions. It must be borne in mind, however, that DBS options are not costed, and while providing the cost planner with earlier and more detailed information regarding the client/user requirements, DBS in itself does not assist in matching these with the money available.

6. **DBS DOCUMENTS ARE INTENDED TO BE USED AS AN AIDE MEMOIRE IN CONJUNCTION WITH THE ASSOCIATED HEALTH BUILDING NOTE AND OTHER GUIDANCE ISSUED BY THE DEPARTMENT, AND SHOULD NOT BE REGARDED AS TAKING THE PLACE OF SUCH GUIDANCE.**

HOW TO USE THIS DOCUMENT

7. Using the document effectively
There are two parts to the document. The first part requires decisions to be taken, lists the options available, and includes extracts of relevant guidance from the Health Building Note. The second part lists activity spaces (or rooms) from which a selection can be made based on decisions recorded in the first part.

8. Flexible use
Above all, the system should be used flexibly. Although the document anticipates the planning decisions which need to be considered, and carefully phrases the choices so that the design brief can be prepared directly from the document, the project team can add other decisions, options, and notes, or change the phrasing of existing ones to suit the project's requirements.

9. Distribution
A copy of this document should be given to each member of the project team well before the first meeting where it is to be used. A master copy should be held by the project team secretary to record agreed decisions from which the brief is prepared.

10. Planning the meetings
Each member of the project team should read their copy of the DBS document, and the associated

Health Building Note, before the first planning meeting. This gives an overall view of the planning decisions which have to be made and helps to place the sequence of the decisions discussed at meeting in the right context.

The document can be used also, especially by the secretary or chairman of the team, to prepare the agenda of meetings and to arrange in advance for the attendance (or at least the views to be obtained) of representatives of specialist users (e.g. dentists, pharmacists, domestic services manager) when a particular service is being discussed

11. Between meetings
Individual project team members can be assigned tasks relating to specific parts of the document to consider between meetings. This feature can be used to obtain relevant information, to stimulate and focus attention on necessary fact-finding studies. It also highlights groups of decisions for members to work on, individually or in consultation with colleagues or other specialists

12. Member's record of meetings
Each member of the project team should record in their own copy of the DBS document the decisions agreed at meeting so that;

a) a clear, immediate record of agreed decisions is taken away from each project meeting, rather than having to wait for meeting minutes (which have not been confirmed and may not always reflect accurately the decisions made);

b) one continuous record of up-to-date decisions is held by each team member rather than having records of decisions taken (and often revised) at various times embedded in a series of minutes (which may, in turn, be inaccurate).

13. This feature is especially important (at or outside the project meetings) when considering decisions which may have been ammended by decisions made previously, and when checking that any interim or draft design briefs accurately reflect the latest agreed decisions. If members are absent from a particular meeting then arrangements must be made for them to update their own DBS document.

14. Meeting minutes
Minutes need only concentrate on the background leading up to the decisions made (and recorded in the DBS document) at project team meetings. If it is decided that parts of the minutes should be included in the client brief as supporting information, a note should be made alongside the relevant parts of the minutes which are to be added to the brief.

15. Cross-referencing
This is explained in detail in paragraph 26. It enables decisions to be cross-checked and is an important feature especially in helping to review the implications of revising decisions made at previous meetings.

16. Design brief content
The primary aim of the brief prepared from this document is to record the client/user requirements for a health building. The brief should be as unequivical as possible to enable the design team to interpret their requirements into a design.

17. In addition, the brief will contain background information for designers and provide the basis for the commissioning and evaluation of the building. The organisational decisions included in DBS documents form an important aspect of this. The project team may decide also to include some extra background information from meeting minutes and this should be carefully noted in the Master DBS document.

18. Any brief (whether interim or complete) should be prepared directly from the Master DBS document (with supporting parts of minutes included as notes). This helps to ensure that the draft is as up-to-date and as complete as possible. It is also easier for all members of the team to check its accuracy. The draft can then be agreed and edited before issue outside the project team.

AN EXAMPLE OF PART OF A BRIEF TYPED FROM ONE PAGE OF A DBS DOCUMENT IS REPRODUCED AS AN APPENDIX.

19. Preparation of Part 2
Part 1 should be complete before selecting the detailed accommodation required (activity spaces) in Part 2. The secretary or chairman of the team can use Part 2 to ensure that a thorough check is carried out of the detailed implications of planning decisions recorded in Part 1. The choice of activity spaces and data sheets in draft form can then be made by a small sub group of the planning team for subsequent ratification by the full team.

20. Use after the brief is prepared
The Master copy of this completed document should be retained (and kept up-to-date with any changes) as part of the project documentation after the design brief has been agreed, so that:

a) any subsequent changes in the brief or design which may be necessary during the project design stage can be fully checked out for their implications using the cross-referencing features of the DBS document;

b) it forms the basis for preparing operational manuals, initialising training programmes , etc during commissioning.

c) a true evaluation can be made between the completed building and the intentions recorded in the design brief;

d) when considering any future building changes, upgrading or project phases, this DBS document (together with any other DBS ducuments for the project) is readily available to help ensure that new planning decisions are compatible with existing accommodation that has already been planned (but not yet built).

COMPLETION OF THE DOCUMENT

It is intended that the DBS document should be used as notebook in which each project team member can record the options selected at project team meetings, in addition to any other relevant background notes or information.

21. Content
The planning decisions in this document are structured as follows:

a) General Philosophy and Considerations, which is a summary of general philosophy of the service provided and general points that require consideration;

b) Scope of Service and Workload , which sets out the scope of service provided and its workload;

c) Locational Relationships with other areas of the hospital;

d) Organisation of Service , which sets out detailed operational policy decisions under several subheadings. Planning decisions in this section have a direct implication on one or more of the following:

(i) Design,i.e. affect the type and quantity of the detailed facilities to be provided;

(ii) Operational policy, i.e.state operational procedures or staffing decisions which can be used as a reference point for commissioning or evaluation.

e) General Design Requirements , which state any over riding requirements which are not specified elsewhere in the design brief.

22. Presentation of information
Except for the introductory section - General Philosophy - all sections of the DBS document contain a set of options/planning decisions (shown on the right hand pages) together with extracts of any relevant planning guidance material (shown on the left hand pages), opposite the appropriate options/decisions.

23. Guidance
The primary objective of the extracts of guidance material on the left hand page is to remind the project team of the appropriate section of the Health Building Note which must be taken into account before specific options on the opposite page are selected.

24. Paragraphs of guidance dealing with cost effectiveness are highlighted in bold type, to alert the project team to the capital and running cost implications of certain decisions

25. Planning decisions
For most planning decisions a set of possible options is shown. Some of these may be predetermined, e.g. because there is no alternative; compatibility with whole hospital policies. The project team select the appropriate option by ticking within the square brackets alongside. Where appropriate their choice can be quantified, or they can enter other decisions, options of further information to be included in the brief.

26. A simple referencing system is incorporated which allows cross-checking for compatibility of decisions made. The reference relates to the page No (top left-hand corner) and the 'REF' column letter. For example, on page 12 of the DBS document 'Hospital Accommodation for Children' reference 'A' - 'Outpatient sessions will require facilities for, (a) consulting/examination'; the unique reference for this option if selected is 12A(a), to which can be added the generic code for that DBS document 'CHI', making in all CHI12A(a).

27. The references in the 'EARLIER DECISION' columns (which are already printed in the document) may be used in a number of ways:

-to check when making a decision that previous decsions are compatible;

-to check all the relevant consequences of doing so when proposing to change a decision.

1. GENERAL PHILOSOPHY

In the past two decades the greater knowledge of child development and the recognition of the fundamental emotional, as well as the physical, needs of children has created a more enlightened attitude to the care of children in hospital, bringing about radical changes in the attitude of staff and in the organisation of nursing sections (wards). All children, irrespective of their illness or requirements for specialist care, have these needs. They are best met by having children together in children's units, which allow them to be nursed by those who have the requisite qualifications and experience and who know the techniques required in the care of the sick child, which differ from those that apply to adult patients. It enables a children's physician to be responsible for the general management and oversight of the unit and the welfare of the children without any diminution of clinical responsibility of the consultant. Additionally, it makes it easier to arrange for education and play, unrestricted visiting and provision of accommodation for parents. It is disturbing to sick adults in general nursing sections to have ill children around them and the provision of separate accommodation obviates this.

In order that the special needs relating to children of different ages are given due consideration, it is important that doctors and nurses and remedial therapists with experience in the care of children, and with current responsibility for such care, should be involved from the initial stages in the planning of new accommodation.

Earlier decision | Ref

2. SCOPE OF SERVICE & WORKLOAD

A The specialties served by the children's accommodation will include:
(a) general medicine [ ]
(b) general surgery [ ]
(c) neo-natal surgery [ ]
(d) orthopaedics [ ]
(e) E.N.T. [ ]
(f) ophthalmology [ ]
(g) physically handicapped - long stay [ ]
(h) handicapped children requiring comprehensive assessment [ ]
(i) dermatology [ ]
(j) psychiatry [ ]
(k) major burns treatment [ ]
(l) plastic/reconstructive surgery [ ]
(m)

B Children requiring neo-natal surgery will be nursed in:
(a) the children's accommodation [ ]
(b) the special care baby unit in the maternity department [ ]
(c)

C Intensive therapy facilities will be provided:
(a) within the children's in-patient accommodation for infants and toddlers [ ]
(b) in the main intensive therapy unit [ ]
(c)

D Children with recognisable communicable diseases will be admitted to:
(a) the children's accommodation [ ]
(b) the isolation unit within the hospital [ ]
(c)

E Rehabilitation of children who are in-patients will take place:
(a) within the children's department [ ]
(b) in the rehabilitation department [ ]
(c)

E Hearing assessment of children will be carried out:
(a) in the children's department [ ]
(b) in a separate assessment unit [ ]
(c) in the general out-patients E.N.T. department [ ]
(d)

2. SCOPE OF SERVICE & WORKLOAD (contd.)

THE PATIENTS

The accommodation will need to provide for infants, toddlers, school-age children and adolescents and, as far as practicable, the design should take account of their varying needs. The daily fluctuations of bed occupancy, local needs of nursing management and unrestricted visiting are other factors to be taken into account. (HBN, para. 1.24)

The environmental aspects are developed in Chapter 2 of the HBN.

AGES OF PATIENTS

Generally, children of both sexes from 1-16 years (up to the statutory minimum school leaving age) should be treated in children's accommodation. It is often convenient for children of similar ages to be grouped together but the arrangements need to be reasonably flexible and to take into consideration an individual child's illness and special needs, e.g. terminal illness. Older children, adolescents and very sick children need to be protected from undue disturbance by noisy toddlers and crying infants. (HBN, para. 1.25)

Accommodation within a nursing section is required for those who have reached puberty, which depends not so much on age in years but on mental and physical development, although there are circumstances (e.g. girls in hospital for confinement) where adolescents need to be accommodated in tne appropriate adult nursing section. It is generally desirable that space should be available within the overall accommodation in which older children come together so that the common needs and interests of the group may be taken into account. (HBN, para. 1.26)

Earlier decision | Ref

2. SCOPE OF SERVICE & WORKLOAD (contd.)

A The accommodation for children will include facilities for:
(a) out-patients provided separately as part of the main out-patients department [ ]
(b) comprehensive assessment and care for children who fail to develop either physically or mentally [ ]
(c) in-patients [ ]
(d) day patients [ ]
(e) education in association with the local education authority [ ]
(f) rehabilitation [ ]
(g)

B Facilities will be required for:
(a) infants [ ]
(b) toddlers [ ]
(c) children of school age [ ]
(d) children of both sexes [ ]
(e)

C The ages of children treated will be:
(a) 1-16 years (up to the statutory minimum school-leaving age [ ]
(b)

D Special provision will be needed for:
(a) children with special needs (e.g. terminal illness) [ ]
(b) very sick children [ ]
(c) crying infants [ ]
(d) noisy toddlers [ ]
(e) older children [ ]
(f) adolescents [ ]
(g)

2. SCOPE OF SERVICE & WORKLOAD (contd.)

SERVICE PLANNING

The provision and use of beds for children vary widely among health authorities. The latest regional figures available suggest a range from 0.6 to 1.4 occupied beds per 1,000 population under age 16, with only three regions having more than 1.0 per 1,000. With current clinical practice, it is considered that an occupancy rate of 75% is the optimum to allow for flexibility in acute cases. This would indicate provision of between 0.9 and 1.1 beds per 1,000 population under age 16, excluding mentally handicapped children and special care baby cots. (HBN, para. 1.13)

BEFORE ARRIVING AT A FINAL ASSESSMENT, AUTHORITIES SHOULD EXPLORE EACH OF THE VARIABLES INVOLVED AND CHALLENGE THEIR INITIAL ASSUMPTIONS ABOUT THESE WITH VIEW TO DETERMINING HOW ALTERNATIVE ASSUMPTIONS MIGHT AFFECT THE OUTCOME. WHERE THIS LEADS TO A REDUCTION IN THE ESTIMATED ASSESSMENT,AUTHORITIES SHOULD LOOK CAREFULLY AT THEIR LOCAL CIRCUMSTANCES TO DETERMINE WHETHER OR NOT THE ALTERNATIVE ASSUMPTION MIGHT NOT IN FACT BE A REASONABLE AND PRACTICAL ONE TO MAKE. (HBN, para.1.16)

Earlier decision | Ref

2. SCOPE OF SERVICE & WORKLOAD (contd.)

A The catchment area for the children's accommodation will be:
(a) the district served by the DGH [ ]
(b)

B The estimated population of the district served will be:

	19__	19__	19__
Total population	_____	_____	_____
Population 0-4 years	___	___	___
(% of total)	___%	___%	___%
Population 5-10 years	___	___	___
(% of total)	___%	___%	___%
Population 11-15 years	___	___	___
(% of total)	___%	___%	___%

C The ratio for bed provision will be:

_____ per 1,000 total population (excluding regional and sub-regional specialties, special care baby unit and mentally handicapped)

2. SCOPE OF SERVICE & WORKLOAD (contd.)

EXCLUSIONS

The Health Building Note does not cover:

a) in-patient accommodation for children requiring highly specialised care which is normally provided in selected hospitals, e.g. cardiac surgery, oncology, oncological surgery and treatment for major burns.

b) accommodation for:
   (i) special care babies (guidance was given on special care baby units in the Interim Design Guide for a Maternity Department in a District General Hospital (DS 177/73, July 1973 and letter from Welsh Office dated 8th August 1973 (HSD 3/31/2);
   (ii) children in need of intensive therapy;
   (iii) children requiring isolation for infectious diseases;
   (iv) mentally handicapped children in long-stay accommodation (building design guidance on health service accommodation for the mentally-handicapped is given in Health Building Cost Allowances for Small Mental Handicap Hospital Units (HN(77)58) and Health Service Residential Accommodation for the Mentally Handicapped (HN(80)21, Annex III).

c) in-patient and out-patient accommodation for acutely disturbed children and adolescents. (There are no plans to prepare a building note for child psychiatric provision, particularly bearing in mind that the type and scale of hospital-based provision needed is heavily dependent on local circumstances. Any authority planning hospital-based child psychiatric provision, whether separately or in conjunction with children's accommodation, will need to draw up its requirements and consider costs in relation to individual circumstances.

(HBN, para. 1.6)

VISION, HEARING AND LANGUAGE

A child requiring more detailed and specialised assessment of vision, hearing or language abilities than is possible in the children's out-patient examination/consulting rooms and assessment accommodation should use the facilities provided for the district. (HBN, para. 1.22)

Earlier decision | Ref

2. SCOPE OF SERVICE & WORKLOAD (contd.)

SPECIFIC EXCLUSIONS

A The accommodation for children will not provide facilities for:

(a) children who are in-patients requiring highly specialised care (SPECIFY), e.g.
- neo-natal surgery [ ]
- cardiac surgery [ ]
- oncology [ ]
- oncological surgery [ ]
- treatment of major burns [ ]

(b) babies requiring special care [ ]
(c) children in need of intensive therapy
(d) children requiring isolation for infectious diseases
(e) mentally handicapped children requiring long stay accommodation [ ]
(f) acutely disturbed children and adolescents [ ]
(g)
(h)

3. SUMMARY OF PROVISION

ASSESSMENT OF REQUIREMENTS: IN-PATIENT/DAY BEDS

In-patient and day beds should be provided for all children who require treatment for acute medical and surgical conditions (these include otolaryngology, ophthalmology, orthopaedics and general surgery) and for the occasions when handicapped children requiring detailed assessment may need to be admitted for such procedures. It is important that each health authority should assess its own bed requirements, as in paragraphs 1.12-1.16 of the Health Building Note. (HBN, para. 2.82)

Where there is a need to provide for in-patient child psychiatric services, this should be planned separately. (HBN, para. 2.83)

OUT-PATIENTS

Doctor sessions should be used for estimating the basic accommodation for the children's out-patient consulting facilities. The term "doctor session" covers any session (half day) conducted by a clinician who holds a consultation with a patient: for example, a clinic conducted by a consultant assisted by a registrar would count as two "doctor sessions". The calculation of sessions does not include additional members of a team, e.g. house officers who are working under the direct supervision of the consultant and not seeing patients on their own (see HBN 12, Out-patient Department). (HBN, para. 2.41)

In a typical district with a 200,000 population and an average proportion of children, it is estimated that 27 to 30 doctor sessions are required, i.e. three examination/consulting rooms - used five days per week. This assumes that all the major specialties treating substantial numbers of children will hold children's out-patient sessions in these rooms. The requirements of any particular district will, however, need to take account of local operational policies. (HBN, para. 2.42)

COMPREHENSIVE ASSESSMENT

The period of the initial consultation will vary according to needs but on average can be expected to last about one and a half to two hours. During consultation the paediatrician may wish to have a discussion with the parents and for this period the child may need to be occupied in the waiting room. (HBN, para. 2.66)

Earlier decision | Ref

3. SUMMARY OF PROVISION

IN-PATIENTS/DAY CARE

4 A The estimated number of in-patients and day care cots/beds required will be:

	in-patients	day care
(a) general medicine		
(b) general surgery		
(c) neo-natal surgery		
(d) orthopaedics		
(e) intensive therapy		
(f) E.N.T.		
(g) ophthalmology		
(h) physically handicapped - long stay		
(i) handicapped children requiring detailed assessment		
(j) dermatology		
(k) psychiatric in-patients		
(l) major burns		
(m) plastic/reconstructive surgery		
(n)		
TOTAL:		

OUT-PATIENTS/COMPREHENSIVE ASSESSMENT

B The estimated number, for planning purposes, of doctor sessions/ C/E rooms required (per week) will be:

	no. of sessions	C/E rooms
(a) out-patient		
(b) comprehensive assessment		
(c)		

C Operating suite facilities will be provided (SPECIFY):

(a)

(b)

(c)

4. LOCATIONAL RELATIONSHIPS

LOCATION

The accommodation for children should be part of an acute DGH. Where the DGH is likely to be planned on more than one site, facilities for maternity, special care baby unit, orthopaedics, fracture clinic, accident and emergency department, E.N.T., audiology and ophthalmology should as far as possible be on the same site so that a comprehensive service can be provided. (HBN, para. 1.18)

ASSOCIATED SERVICES:

Accident and Emergency, Orthopaedic and Fracture Clinic services

The children's accommodation should be sited in the same hospital as the Accident and Emergency department and Orthopaedic and Fracture facilities because of the number of children requiring these services. The children's out-patient facilities, so far as possible, should be closely associated with the plaster room in the fracture clinic. (Reference should be made to the Accident & Emergency Department Building Note, no. 22) (HBN, para. 1.21)

Vision, hearing and language

A child requiring more detailed and specialised assessment of vision, hearing and language abilities than is possible in the children's out-patient examination/consulting rooms and assessment accommodation should use the facilities provided for the district. (HBN, para. 1.22)

Out-patient facilities

The children's out-patient facilities should form part of the hospital's main out-patient department but should be planned so that the services for the children can be provided separately. It is important that the facilities are located so that there is easy access to specialist accommodation for E.N.T., ophthalmology, orthopaedic, fracture clinic and plaster room as well as the support services of the main out-patient complex to be used at times by children. Children should also share facilities provided for adults such as those in diagnostic X-ray, pathology and for older children rehabilitation (para. 18 of the Design Guide, Department of Rehabilitation, 1974). If planning permits, the children's element of the out-patient department should be sited in close proximity to the children's in-patient accommodation to enable more effective use to be made of staff and the development of a more co-ordinated service. (HBN, para. 2.36)

General

It is desirable for the children's out-patient and assessment accommodation to be planned on one floor at ground level, as some children will have difficulty in climbing stairs and others will need to be carried by a parent or pushed in a pram, pushchair, wheelchair or on a stretcher trolley. If the accommodation is not at ground level, there should be easy access to a lift. Consulting suites and treatment areas should be sited away from road traffic and other sources of external noise. (HBN, para. 1.19)

The accommodation should be located so that parents and patients arriving by public transport do not have far to walk on the hospital site. Those arriving by car or ambulance should be able to alight as near as possible to the entrance to the out-patient and assessment facilities. (HBN, para. 1.20)

Earlier decision	Ref	4. LOCATIONAL RELATIONSHIPS
	A	The accommodation for children will be sited: (a) as part of an acute District General Hospital [ ] (b) (c)
	B	Other facilities it is desirable to have situated on the same site include: (a) orthopaedic [ ] (b) fracture clinic [ ] (c) accident and emergency [ ] (d) special care baby unit [ ] (e) maternity [ ] (f) E.N.T. [ ] (g) audiology [ ] (h) ophthalmology [ ] (i) (j)
6B	C	The children's out-patient facilities should be planned: (a) as part of the main out-patient department [ ] (b) at ground level [ ] (c)
	D	Easy access will be required by children's out-patients to specialist accommodation for: (a) E.N.T. [ ] (b) ophthalmology [ ] (c) orthopaedic [ ] (d) fracture clinic [ ] (e) plaster room [ ] (f)
	E	Children will also share facilities provided for adults for: (a) diagnostic X-ray [ ] (b) pathology [ ] (c) rehabilitation [ ] (d)

4. LOCATIONAL RELATIONSHIPS (contd.)

PLANNING RELATIONSHIPS

IT IS RECOMMENDED THAT THE COMPREHENSIVE ASSESSMENT FACILITIES, WHILST SELF-CONTAINED AS FAR AS POSSIBLE, SHOULD BE CLOSELY ASSOCIATED WITH THE CHILDREN'S OUT-PATIENT FACILITIES WITHIN THE MAIN OUT-PATIENTS DEPARTMENT: THIS WILL AVOID DUPLICATION AND ALSO ACHIEVE THE MOST EFFICIENT USE OF SPECIAL FACILITIES AND STAFF BY THE MAXIMUM SHARING OF ACCOMMODATION AND SERVICES, COMPATIBLE WITH THE NEEDS OF EACH. THE NEED FOR ACCESS TO THE SPECIALIST FACILITIES FOR OPHTHALMOLOGY AND E.N.T IN THE MAIN OUT-PATIENTS DEPARTMENT SHOULD ALSO BE KEPT IN MIND. (HBN, (HBN, para. 2.63)

The children's nursing sections should be within easy reach of the operating department and, in particular, the adult E.N.T. nursing section to enable easy movement of specialist medical staff between the sections. The isolation nursing section should also be near because of the number of child patients who will be nursed there. (HBN, para. 2.85)

OUTDOOR ACTIVITY SPACE

It is desirable that there should be a safe outdoor activity area and a garden. The play area for young children in hospital need not differ basically from a play area for children elsewhere. There is a need, however, to provide opportunities for play and exercise by children in wheelchairs, on crutches or in beds and cots. Emphasis should be placed on providing space and equipment which also allows quiet and creative play. (HBN, para. 1.28)

Earlier decision	Ref	4. LOCATIONAL RELATIONSHIPS (contd.)
	A	The facilities provided for comprehensive assessment should be planned: (a) adjacent to children's out-patients [ ] (b) at ground level [ ] (c)
2D	B	The children's nursing sections will require easy access to the: (a) operating department [ ] (b) adult E.N.T. nursing section [ ] (c) isolation nursing section [ ] (d) diagnostic X-ray [ ] (e)
	C	The children's day-patient section should be: (a) adjacent to the children's in-patient accommodation [ ] (b)
	D	Easy access will be required from the children's day patient section to the: (a) operating department [ ] (b) diagnostic X-ray [ ] (c)
	E	Access to an outside play area is desirable and this should be: (a) suitable for children in wheelchairs, on crutches or in beds or cots [ ] (b)
	F	The accommodation should be located so that patients and parents do not have far to walk from: (a) public transport (b) car park and ambulance entrance (c)

4. LOCATIONAL RELATIONSHIPS (contd.)

Earlier decision	Ref	4. LOCATIONAL RELATIONSHIPS (contd.)
8	A	The order of priority for planning the children's accommodation near other areas of the hospital are: (INDICATE PRIORITIES IN NUMERICAL ORDER)

	Priority
(a) operating department	_____
(b) diagnostic X-ray	_____
(c) E.N.T.	_____
(d) audiology	_____
(e) ophthalmology	_____
(f) orthopaedic	_____
(g) fracture clinic	_____
(h) accident and emergency	_____
(i) rehabilitation	_____
(j) maternity	_____
(k) special care baby unit	_____
(l) pathology	_____
(m)	
(n)	

5.1 OUT-PATIENTS - ENTRANCE, RECEPTION & WAITING

OUT-PATIENT VISITS

The child, usually accompanied by a parent and often by other members of the family, will normally enter the hospital by the main OPD entrance, from which well-placed and clear signposting should direct them to the children's out-patient reception desk. From there, signs should direct them to easily-identifiable areas and rooms within the out-patient department. (HBN, para. 2.37)

On arrival at the children's out-patient reception desk, families are likely to be directed to the waiting area, where suitable play material should be available for the children. The child to be seen will be weighed and measured, if required, and the family will proceed to the consulting/examination room. After consultation, appropriate investigation, treatment or therapy will be arranged. The family will then return to reception and book the next appointment if necessary. (HBN, para. 2.40)

Earlier decision	Ref	5.1 OUT-PATIENTS - ENTRANCE, RECEPTION & WAITING
7C	A	The entrance to the children's out-patient accommodation will be: (a) via the main out-patients' department entrance [ ] (b)
	B	Patients may arrive: (a) on foot [ ] (b) in wheelchairs [ ] (c) in prams/pushchairs [ ] (d)
	C	They may be accompanied by: (a) parents [ ] (b) other members of their family [ ] (c) escorts/hospital staff [ ] (d)
	D	The reception point will be: (a) a clearly signposted reception desk [ ] (b)
	E	And this will provide facilities for: (a) reception of patients and escorts [ ] (b) booking advance appointments [ ] (c) general enquiries [ ] (d)
	F	Medical records for out-patients will be: (a) held in the central medical records store [ ] (b) delivered to the reception point on a trolley, before the commencement of each session [ ] (c) returned to the central medical records store after each session [ ] (d)
4	G	An office will be required for the use of: (a) the nursing sister/charge nurse [ ] (b) visiting professional staff [ ] (c)

5.1 OUT-PATIENTS - ENTRANCE, RECEPTION & WAITING (contd.)

RECEPTION AND WAITING

There should be a separate sub-reception area and waiting space for children. Since the child's first point of contact with the hospital is usually the reception area, it should provide a welcoming atmosphere and should be suited to the requirements of children and their families. The reception point should be in a prominent position and overlook the waiting space. Space will be required for the receptionist to complete patients' registration procedures, to arrange for appointments and transport and other action. Part of the reception area should be partitioned off for use by a secretary. The reception space should have easy access to the main medical records section. (HBN, para. 2.44)

The waiting space should be planned with the reception point, and furnished with a variety of tables and chairs suitable for children and adults. There should be space for children to play in safety and without being a hazard to others. Suitable toys, display panels and books (with appropriate storage) should be provided for children of all ages. Economy in the amount of waiting space required will be achieved by ensuring that the appointment system is sufficiently efficient to reduce waiting time to the minimum and prevent gaps between appointments. It can be expected that each child will be accompanied by two other persons. (HBN, para. 2.45)

Where facilities for obtaining beverages are not readily available nearby, a beverage machine dispensing a variety of suitable drinks should be provided. Public telephone facilities should be available. There should be adequate signposting. (HBN, para. 2.46)

MOTHER AND BABY ROOM

A room is required mainly for mothers to prepare feeds and to feed their babies but it should also contain appropriate facilities for changing nappies, etc. and hand washing. The room should also be made available for use by mothers attending other areas in the hospital. (HBN, para. 2.47)

Earlier decision	Ref	5.1 OUT-PATIENTS - ENTRANCE, RECEPTION & WAITING (contd.)
10B	A	Facilities required near reception will include: (a) pram and wheelchair parking [ ] (b) a waiting area [ ] (c) a mother and baby unit [ ] (d) a weighing and measuring room [ ] (e) a public telephone [ ] (f)
	B	The waiting area should be: (a) planned with the reception point [ ] (b) furnished with a variety of tables and chairs [ ] (c) equipped with suitable toys, display panels, books, etc. [ ] (d) provided with a beverage dispensing machine [ ] (e)
	C	The mother and baby room will be used by mothers for: (a) preparing feeds [ ] (b) feeding their babies [ ] (c) changing babies' nappies [ ] (d) handwashing [ ] (e)

5.2 OUT-PATIENTS - EXAMINATION & TREATMENT

WEIGHING AND MEASURING ROOM

A weighing and measuring room should be provided with equipment suitable for children of all ages. The room should be easily accessible from both the waiting area and consulting/examination rooms with facilities for ensuring privacy. (HBN, para. 2.48)

CONSULTING/EXAMINATION ROOMS (refer to Common Activity Spaces building note)

Three combined consulting/examination rooms are required, one of which should be sound-attenuated for use by specialists requiring this facility. A telephone will be required for internal and external use, but calls should be intercepted at the reception point. Other facilities required include a clinical hand-washing basin, an adjustable ceiling or wall-mounted light and storage for small items of equipment and sterile packs. (HBN, para. 2.49)

WHILST IT IS ANTICIPATED THAT THE SUGGESTED NUMBER OF CONSULTING/EXAMINATION ROOMS WILL BE FULLY UTILISED FOR CHILD PATIENTS, THE POSSIBILITY OF THE ROOMS BEING USED FOR OTHER PURPOSES OUTSIDE NORMAL CHILDREN OUT-PATIENT SESSIONS SHOULD NOT BE DISCOUNTED.

TREATMENT ROOM

A treatment room is needed for the application of dressings, and for minor clinical procedures which will be carried out by doctors, nurses or technicians with a parent or parents in attendance. Facilities will include a clinical hand-wash basin, an adjustable ceiling or wall-mounted light and storage space. It is envisaged that sterile packs, syringes and dressings, etc. will be issued on a daily 'top-up' service from the main out-patient department's clean utility room. The decor should be colourful with children's drawings on the walls and the ceiling, compatible with maintaining the necessary clinical requirements. (HBN, para. 2.50)

Earlier decision	Ref	5.2 OUT-PATIENTS - EXAMINATION & TREATMENT
	A	Out-patient sessions will require facilities for: (a) consulting/examination [ ] (b) child assessment [ ] (c) play/observation [ ] (d) specimen collection/urine testing [ ] (e) treatment [ ] (f)
11A	B	A weighing and measuring room will be required: (a) provided with equipment suitable for all ages [ ] (b) easily accessible from both the waiting area and consulting/examination rooms [ ] (c)
	C	Consulting/examination facilities will be provided in: (a) combined consulting/examination rooms [ ] (b)
	D	Sound attenuation should be provided for: (a) one consulting/examination room [ ] (b)
	E	A treatment room will be required with facilities for: (a) application of dressings [ ] (b) minor clinical procedures [ ] (c) clinical handwashing [ ] (d) storage [ ] (e)
	F	The patient may be accompanied in the treatment room by: (a) doctors [ ] (b) nurses [ ] (c) technicians [ ] (d) a parent or parents [ ] (e)

5.3 OUT-PATIENTS - SANITARY FACILITIES

SANITARY FACILITIES

There should be three toilets, the W.C. pan being 350mm in height. One of the WCs needs to accommodate a wheelchair and should be fitted with rails appropriate for use by handicapped children and another should be suitable for specimen collection. Hand washing facilities should be provided in all W.C. areas. (HBN, para. 2.53)

Earlier decision | Ref

5.3 OUT-PATIENTS - SANITARY FACILITIES

A W.C. facilities will be provided for patients:
(a) near to waiting area [ ]
(b)

B One W.C. will be needed to accommodate a wheelchair and should be fitted with appropriate rails [ ]

C One W.C. should be suitable for specimen collection [ ]

5.4 OUT-PATIENTS - ADMINISTRATION

OFFICE (refer to Common Activity Spaces building note)

An office is required for use by the nursing sister/charge nurse. It should be available for use by professional staff attending the unit, e.g. the community liaison health visitor who has responsibility for children. Any requirement for further office accommodation should be considered in accordance with the recommendations in HBN 18, Administrative Department. (HBN, para. 2.51)

Earlier decision	Ref	5.4 OUT-PATIENTS - ADMINISTRATION
10G	A	An office will be required within the children's out-patient accommodation for use by: (a) the nursing staff/charge nurse [ ] (b) professional staff [ ] (c)
	B	Facilities for case conferences and seminars will be available: (a) within the children's accommodation on a shared basis [ ] (b) elsewhere in the hospital (SPECIFY): _____ (c)
	C	A doctor's room will be available: (a) associated with the children's in-patient accommodation [ ] (b) (c)

5.5 OUT-PATIENTS - STORAGE

PRAM STORE/WHEELCHAIR PARK

If pram storage and wheelchair parking facilities are not already available near to the waiting area, an appropriate storage space should be provided with facilities for folding pushchairs to be hung on the wall or deposited on shelves with appropriate locking devices. Walls should be protected from damage by prams. (HBN, para. 2.54)

Earlier decision	Ref	5.5 OUT-PATIENTS - STORAGE
	A	A dirty utility room will be required for: (a) the temporary retention of soiled dressings and linen awaiting collection [ ] (b) simple urine testing [ ] (c) storage of disposable items [ ] (d) storage of reusable items [ ] (e) cleansing of bedpans and disposal of contents [ ] (f)
11A	B	A storage space will be required for prams and wheelchairs (SPECIFY NUMBER): (a) (b) (c)

5.6 OUT-PATIENTS - SHARED FACILITIES

SHARED ACCOMMODATION (refer to Common Activity Spaces building note)

The Building Note assumes that the children's out-patients will have the use of the following facilities in the main out-patients' department: clean utility, the cafeteria or tea-bar, children's playroom, cleaning accommodation, staff cloakroom and toilet facilities, trolley and wheelchair stores, main stores, porters' and ambulance drivers' accommodation. (HBN, para. 2.55)

Earlier decision	Ref	5.6 OUT-PATIENTS - SHARED FACILITIES
7C	A	Facilities which can be provided on a shared basis with the main out-patient department will include: (a) clean utility [ ] (b) cafeteria [ ] (c) tea bar [ ] (d) children's playroom [ ] (e) cleaning accommodation [ ] (f) staff cloakroom and toilet facilities [ ] (g) trolley and wheelchair stores [ ] (h) main stores [ ] (i) porters' accommodation [ ] (j) ambulance drivers' accommodation [ ] (k) switchroom [ ] (l) (m)

5.7 COMPREHENSIVE ASSESSMENT - ENTRANCE, RECEPTION & WAITING

ASSESSMENT

The appointment for assessment will have been arranged through the normal out-patient system. After reporting to the children's reception point, the child and his parents may go first to the waiting/play area and then proceed to the consulting/examination or assessment room when called. (HBN, para. 2.64)

The purposes of the first visit for comprehensive assessment are usually to:

a. examine the problem for which the child was referred;
b. examine for the presence or absence or other handicaps;
c. arrange investigations and other diagnostic procedures as required;
d. arrange assessment or examination by other members of the multi-disciplinary team;
e. discuss with the family plans for treatment and/or future assessment.

Subsequent appointments should be arranged by the receptionist before the family leaves. The child and parents may return for half- or full-day sessions for investigation, assessment, training and treatment. (HBN, para. 2.65)

OFFICES (refer to Common Activity Spaces building note)

Three general-purpose offices will be required for use by professional staff of the assessment service. One of them should be large enough to accommodate 12 persons for case conferences and seminars; darkening facilities, e.g. curtains, should be provided. (HBN, para. 2.72)

Earlier decision	Ref	5.7 COMPREHENSIVE ASSESSMENT - ENTRANCE, RECEPTION & WAITING
10	A	The reception of patients for comprehensive assessment will take place: (a) at the children's out-patient reception desk [ ] (b) (c)
	B	Appointments will be made: (a) through the normal children's out-patient system [ ] (b)
10G 14A	C	A general-purpose office will be required for: (a) the use of professional staff of the assessment service [ ] (b) case conferences and seminars [ ] (c)
	D	A waiting space will be required: (a) for patients and parents [ ] (b)
	E	Facilities will be required in the waiting space for: (a) children to play [ ] (b) beverage dispensing [ ] (c) use of public telephone [ ] (d)

5.8 COMPREHENSIVE ASSESSMENT - ASSESSMENT & OBSERVATION

ASSESSMENT/OBSERVATION/REMEDIAL THERAPY TREATMENT ROOMS

Two rooms with a shared viewing space will be required for assessment, observation and remedial therapy treatment purposes by any members of the multi-disciplinary team. The procedures include observation of children's responses to adults, to given situations and to their inter-action with other children: there will also be observation of children's performance in free play by the teacher, nursery nurse and/or psychologist (or psychotherapist in some instances). Simple free field testing of hearing, sight and speech will be carried out; more thorough investigations would be carried out in the appropriate clinics of the main out-patient department. The assessment/observation/remedial therapy treatment rooms will also be used for group activities organised by the teacher and others, for special training or discussion sessions for parents of handicapped children, and for appropriate treatment by the physiotherapists and/or the occupational therapist. (HBN, para. 2.69)

A clinical atmosphere should be avoided. Furniture should include semi-easy chairs, a variety of tables, desks and nursery furniture, as well as shelves and cupboards for the storage of equipment, toys, etc. Pin and chalk boards (which should be wall-mounted and low level) and a mobile mirror are also needed. There should be facilities for play including sand and water, and remedial therapy. Hand washing facilities are required. (HBN, para. 2.70)

VIEWING ROOM

A room should be provided between the two assessment rooms, with one-way viewing panels into them and recording and listening equipment so that the activities of the child can be observed and recorded as required. This room should contain shelves and tables for the recording equipment, e.g. tape recorder, loudspeakers, etc. used in connection with the microphones in the assessment rooms. A two-way speech system and video equipment may be needed. The room should be sound-attenuated and special attention to ventilation will be required if it is an internal room. (HBN, para. 2.71)

Earlier decision | Ref

5.8 COMPREHENSIVE ASSESSMENT - ASSESSMENT & OBSERVATION

A Accommodation required for assessment and observation will consist of:
(a) two rooms with a shared viewing space between [ ]
(b)

B The assessment/observation rooms may also be used for:
(a) group activities [ ]
(b) special training [ ]
(c) discussion sessions for parents of handicapped children [ ]
(d) occupational therapy [ ]
(e) physiotherapy [ ]
(f)

C The rooms will require facilities including:
(a) semi-easy chairs [ ]
(b) a variety of tables and nursery furniture [ ]
(c) a mobile mirror [ ]
(d) pin and chalk boards [ ]
(e) play facilities [ ]
(f) storage [ ]
(g) handwashing [ ]
(h)

D The viewing room should be equipped with:
(a) one-way viewing [ ]
(b) recording and listening equipment [ ]
(c) two-way speech system [ ]
(d) video equipment [ ]
(e)

5.9 COMPREHENSIVE ASSESSMENT - DINING

DINING FACILITIES

For clinical reasons, a small dining area should be set aside within the waiting area where parents and their children who are attending for whole-day sessions can have their morning coffee, tea and midday meal. A dining table, a few stacking chairs, storage for a small amount of cutlery, crockery and dry stores and facilities for the preparation or dispensing of beverages is required. The catering services will depend on the hospital policy. (HBN, para. 2.75)

Earlier decision	Ref	5.9 COMPREHENSIVE ASSESSMENT - DINING
17E	A	Children who are attending for whole-day sessions may require: (a) morning coffee [ ] (b) a midday meal [ ] (c) afternoon tea [ ] (d)
17E	B	Facilities required will be: (a) a small dining area set aside within the waiting area [ ] (b) storage for a small amount of cutlery [ ] (c) facilities for the preparation or dispensing of beverages [ ] (d)
	C	The catering service provided will be (SPECIFY): (a) (b) (c)

5.10 COMPREHENSIVE ASSESSMENT - SANITARY/CHANGING

SANITARY FACILITIES

Two WCs are required, one of which should be suitable for handicapped patients in wheelchairs and with parents assisting. (HBN, para. 2.76)

TOILETTING/CHANGING ROOM

A small area *en suite* with the assisted W.C. is required for the toiletting, cleansing and changing of the incontinent older child. Clinical hand-washing facilities are required and a small couch and chairs should be provided. The dirty utility room should be accessible from this area. (HBN, para. 2.77)

Earlier decision	Ref	5.10 COMPREHENSIVE ASSESSMENT - SANITARY/CHANGING
	A	Sanitary facilities provided will be: (a) 2 WCs, one of which is suitable for handicapped patients requiring assistance [ ] (b)
	B	A small toiletting/changing area will be required with facilities for: (a) toiletting, cleansing and changing an incontinent older child [ ] (b) clinical handwashing [ ] (c)
	C	This area should have easy access to a dirty utility room [ ]

5.11 COMPREHENSIVE ASSESSMENT - STORAGE

Earlier decision	Ref	5.11 COMPREHENSIVE ASSESSMENT - STORAGE
18C 19B	A	Space will be required for the secure storage of: (a) valuable equipment [ ] (b) toys [ ] (c) linen [ ] (d) disposables [ ] (e) stationery [ ] (f) wheelchairs [ ] (g) a sand container [ ] (h) chairs [ ] (i) general supplies [ ] (j) (k)

5.12 COMPREHENSIVE ASSESSMENT - SHARED FACILITIES

Earlier decision	Ref	5.12 COMPREHENSIVE ASSESSMENT - SHARED FACILITIES
7C 16A 17E 19B 21A	A	Facilities that will be provided on a shared basis with the main out-patient department will include: (a) clean utility [ ] (b) cafeteria [ ] (c) tea bar [ ] (d) children's playroom [ ] (e) cleaning accommodation [ ] (f) staff cloakroom and toilet facilities [ ] (g) trolley and wheelchair stores [ ] (h) main stores [ ] (i) porters' accommodation [ ] (j) ambulance drivers' accommodation [ ] (k) switchroom [ ] (l)

5.13 IN-PATIENTS - RECEPTION, OFFICE & STAFF BASE

ADMISSION ROOM

An admission/examination room should be provided for the unit to be shared between sections. It will be required for those children who on occasion will need to be examined, weighed and measured before being fully admitted to the section. Equipment will include an examination couch, a trolley, and adjustable light and clinical hand washing facilities. This room could also be used as an office or interviewing room. (HBN, para. 2.120)

WHERE ONLY ONE NURSING SECTION IS TO BE PROVIDED, ONE ROOM COULD BE PROVIDED TO SERVE BOTH AS AN ADMISSIONS ROOM AND DOCTORS' OFFICE. (HBN, para.2.120)

NURSING SISTER/CHARGE NURSE OFFICE

This office should be provided for the purpose of interviewing staff, relatives (who may be in a distressed state) and visitors, and preparing reports. It should be planned within the section and may be sited either near to the entrance or nearer to the centre of the section. (HBN, para. 2.115)

Earlier decision	Ref	5.13 IN-PATIENTS - RECEPTION, OFFICE & STAFF BASE
	A	Children may be admitted by arrangement with: (a) the family practitioner [ ] (b) members of the primary health care team [ ] (c) other children's units [ ] (d)
	B	An admission/examination room will be required: (a) shared by all children's in-patient sections [ ] (b)
	C	The admission/examination room will be used for: (a) examining, weighing and measuring children [ ] (b) writing notes [ ] (c) interviewing [ ] (d) a doctors' office [ ] (e)
9A	D	Within the hospital children may be transferred from: (a) the accident and emergency department [ ] (b) the out-patient department [ ] (c)
	E	Current in-patients' medical records will be kept: (a) at the staff base [ ] (b)
	F	The nursing sister/charge nurse will require an office within the section for: (a) interviewing staff, relatives and visitors [ ] (b) preparing reports [ ] (c)
	G	Medical secretary/typing facilities will be available: (a) centrally [ ] (b) within the department [ ] (c)

5.13 IN-PATIENTS - RECEPTION, OFFICE & STAFF BASE (contd.)

STAFF BASE

The staff base is the focal point for all members of staff for the administration of the nursing section and also for the reception of patients. The staff base in each section should be sited to ensure maximum observation, especially of the high dependency beds and single rooms; the base should be visible from as many parts of the section as possible. It should be planned as an open area so that the children can be both seen and heard. A patient/nurse and nurse/nurse call system is required. The base should have a desk large enough for simultaneous use by three people. Space is needed for patients' records, stationery, facilities for viewing X-rays and a noticeboard. (HBN, para. 2.114)

Earlier decision	Ref	5.13 IN-PATIENTS - RECEPTION, OFFICE & STAFF BASE (contd.)
23E	A	A staff base will be required in each nursing section for: (a) administration of the nursing section [ ] (b) reception of patients [ ] (c) oral and written reporting [ ] (d)
	B	It should be planned: (a) as an open area [ ] (b) with as full observation as possible of the section, especially the high dependency beds and single rooms [ ] (c)
	C	Visiting hours will be: (a) unrestricted [ ] (b)

5.14 IN-PATIENTS - BEDROOMS

AGES OF PATIENTS

Generally, children of both sexes from 1-16 years (up to the statutory minimum school-leaving age) should be treated in children's accommodation. It is often convenient for children of similar ages to be grouped together but the arrangements need to be reasonably flexible and to take into consideration an individual child's illness and special needs, e.g. terminal illness. Older children, adolescents and very sick children need to be protected from undue disturbance by noisy toddlers and crying infants. (HBN, para. 1.25)

Accommodation within a nursing section is required for those who have reached puberty, which depends not so much on age in years but on mental and physical development, although there are circumstances (e.g. girls in hospitals for confinement) where adolescents need to be accommodated in the appropriate adult nursing section. It is generally desirable that space should be available within the overall accommodation in which older children come together so that the common needs and interests of the group may be taken into account. (HBN, para. 1.26)

Earlier decision | Ref

5.14 IN-PATIENTS - BEDROOMS

A Patients generally will be accommodated:
(a) in non-segregated multi-bed rooms/bays or single rooms [ ]
(b) in separate multi-bed rooms/bays and single rooms (adolescents) [ ]
(c)

B Patients will be grouped by:
(a) specialty [ ]
(b) age groups (SPECIFY) -
-
-
(c) nursing dependency [ ]
(d)

C Patients' clothes and personal items will be stored:
(a) in a bedside locker/wardrobe [ ]
(b) in a bedside locker and separate wardrobe [ ]
(c) in suitable storage cupboards [ ]
(d)

D Books and toys will be kept:
(a) within easy reach of children on low shelving [ ]
(b)

E Children's paintings, etc. may be displayed:
(a) on a panel by each bed [ ]
(b)

F Children will wear:
(a) personal clothing [ ]
(b) clothes provided by the hospital [ ]
(c)

5.14 IN-PATIENTS - BEDROOMS (contd.)

IN-PATIENT UNIT

It is considered that probably no more than 20 beds/cots in a nursing section can reasonably be supervised by one nursing sister/charge nurse at any one time. Appropriate supporting accommodation for doctors, nurses, ancillary staff, parents and visitors will be required. (HBN, para. 2.84)

WHERE THERE IS MORE THAN ONE DGH IN A LOCALITY, FACILITIES FOR CHILDREN SHOULD BE CONCENTRATED AS FAR AS POSSIBLE IN ONE OF THE HOSPITALS, SO THAT OPTIMUM USE CAN BE MADE OF MEDICAL AND NURSING STAFF AND OTHER RESOURCES. (HBN,para 2.84)

BED DISTRIBUTION

A nursing section of 20 beds should contain 8 single rooms each with a single bed/cot or incubator and be capable of accommodating a divan bed and storage of clothes for a parent. The remaining 12 beds should be arranged in two six-bed areas. (HBN, para. 2.88)

SINGLE ROOMS

Single rooms may be used for high dependency care of individual patients, small infants, severely ill and dying children, adolescents and children accompanied by a parent. In addition to medical and nursing activities, therapeutic (e.g. simple remedial exercises), teaching, social and recreational activities will also take place in the single rooms. Source isolation and protective isolation (barrier nursing) facilities should be provided in two of the single rooms. (HBN, para. 2.95)

ISOLATION

Isolation in a single room can be a most disturbing experience for a child. It is important that the child has visual contact with external activities. It is equally important for the staff and visitors to be able to see the child easily. Good observation can be achieved by planning single rooms with glazed partitions and doors which extend below mattress level. Windows and glass partitions should have screening to permit privacy when needed, controlled from within the room. (HBN, para. 2.96)

MULTI-BED ROOMS

Multi-bed rooms lessen the risk of cross-infection and allow flexibility for the segregation of different types of patients, e.g. adolescents. (HBN, para. 2.98)

Earlier decision	Ref	5.14 IN-PATIENTS - BEDROOMS (contd.)
6A	A	The children's in-patient section(s) will require a total of _____ beds/cots.
25A,B	B	And these will be provided in: _____ nursing sections of _____ beds/cots _____ nursing sections of _____ beds/cots
3D 25A,B	C	Each nursing section will contain: _____ single rooms _____ six-bedded areas _____
3D	D	Single rooms may be used for: (a) high dependency patients [ ] (b) small infants [ ] (c) severely ill and dying children [ ] (d) adolescents [ ] (e)
	E	Parents may stay overnight: (a) with the child in a single room [ ] (b) in separate accommodation (SPECIFY) - - (c)
	F	Source isolation and protective isolation facilities will be required: (a) in two single rooms of each section [ ] (b)
	G	The multi-bed rooms will be designed as: (a) an open bay [ ] (b) enclosed rooms [ ] (c)

5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES

DINING AND PLAY

A child needs somewhere to play, to explore or occasionally space to be alone. Each nursing section should, therefore, have a multi-purpose space which can be used for dining, play and also for educational and remedial activities. Where there is a wide range of age groups in a section it may be necessary to have two separate spaces. Ideally there should be easy access to open air play facilities which have adequate safety precautions. (HBN, para. 2.89)

Earlier decision	Ref	5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES
	A	Day space will be required for activities including: (a) playing (including organised activities) [ ] (b) walking exercises [ ] (c) dining [ ] (d) teaching [ ] (e) watching television [ ] (f)
	B	Day space provided for these will include: (a) sitting space in multi-bed bays/rooms [ ] (b) a multi-purpose space for dining and/or play [ ] (c) a play/dining/teaching space in each section [ ] (d) a play/dining/teaching space shared between ___ sections [ ] (e) an open air space (SPECIFY): _____ _____ (f)
26E	C	During the day parents will use: (a) a sitting room (with beverage point), shared between ____ nursing sections [ ] (b)

5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES

CATERING

The Building Note assumes that:

a. patients will be served by a central food service and that a central wash-up service will be provided;
b. most parents and relatives will use central hospital facilities for main meals, snacks and beverages, but those staying in the hospital should be able to use facilities at section level for the preparation of snacks and beverages when the main dining room or snack bar are closed;
c. staff will use central facilities for main meals, snacks and beverages. (HBN, para. 2.91)

BABY FEED STORE/PREPARATION ROOM

Where there is more than one nursing section a room should be provided for the preparation of baby feeds by the staff and for teaching a parent how to prepare feeds. It requires adequate space for storage of ready-mixed feeds and feed bottles and facilities such as a sink and drainer, an electric kettle and a refrigerator. (HBN, para. 2.138)

PANTRY (refer to Common Activity Spaces building note)

The function of the pantry is to provide a base for the distribution of cooked meals supplied from the main kitchen and the preparation of beverages and snacks. Provision for washing up of some items and storage for dry foods, milk and a limited amount of crockery and cutlery is required. The design should ensure that safety, in relation to children, is taken into account. Where there is a single nursing section only, the pantry will also be used for the storage and preparation of baby feeds. Where there is more than one nursing section, separate facilities should be provided. (HBN, para. 2.116)

Earlier decision | Ref

5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES (contd.)

A In-patients' meals will be provided by:
(a) a tray service [ ]
(b) bulk food trolley to section(s) [ ]
(c) infant feeds, special milk mixtures and weaning foods prepared by central milk kitchen and delivered to the nursing section [ ]
(d) infant feeds, special milk mixtures and weaning foods prepared in a nursing section level milk preparation room [ ]
(e)

B In-patients may take their meals:
(a) in bed [ ]
(b) seated within the bed bay [ ]
(c) in the dining/teaching room [ ]
(d) in a specific dining area [ ]
(e) in a play/dining room [ ]
(f)

C Meals will be:
(a) heated centrally in the catering department [ ]
(b) pre-prepared centrally and heated in the nursing section/unit [ ]
(c)

D Beverages needed for the children's accommodation will be supplied from:
(a) the central catering department [ ]
(b) a pantry in each nursing section [ ]
(c) a beverage point in each nursing section [ ]
(d) a vending machine [ ]
(e)

E Facilities will be required in the pantry for:
(a) storage of dry foods [ ]
(b) storage of milk (SPECIFY METHOD)-
(c) limited crockery and cutlery [ ]
(d) handwashing [ ]
(e) disposal of wet and dry waste [ ]
(f) parking of catering trolley [ ]
(g)

5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES (contd.)

Earlier decision	Ref	5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES (contd.)
	A	Parents will take their: (a) main meals in the central restaurant [ ] (b) beverages and light snacks in the snack bar [ ] (c) beverages and light snacks in the parents' sitting room [ ] (d)
	B	Staff will take their: (a) main meals in the central restaurant [ ] (b) beverages and light snacks in the central restaurant or snack bar [ ] (c) beverages in the nursing section [ ] (d)
	C	Washing up facilities will be: (a) provided centrally outside the children's accommodation [ ] (b) provided at unit/section level [ ] (c) provided for beverage crockery only in the section pantry [ ] (d) unnecessary as disposable beverage materials will be used [ ] (e)
28A	D	Sterilisation of babies' bottles will be required: (a) by soaking in hypochloride solution [ ] (b) by autoclaving [ ] (c)
28A	E	Autoclaving of babies' bottles will be carried out: (a) by the hospital sterilising and disinfecting unit [ ] (b)
	F	Terminal sterilisation of milk will: (a) not be required [ ] (b) be required [ ]

5.16 IN-PATIENTS - TREATMENT

TREATMENT

Minor forms of treatment are usually carried out at the bedside. Some forms of investigation and treatments will need to be carried out in the treatment room to which the child, probably accompanied by a parent, may be brought in his bed or cot. Facilities will be required for clinical hand-washing, and a ceiling- or wall-mounted adjustable light and storage space will be needed. Oxygen and vacuum outlets with medical compressed air should be provided. Mechanical extract ventilation, sound attenuation and a nurse/nurse call system are required. (HBN, para. 2.121)

Earlier decision	Ref	5.16 IN-PATIENTS - TREATMENT
	A	Preparation for treatment procedures will take place in: (a) a clean utility room [ ] (b) a treatment room [ ] (c)
	B	Treatments may be carried out: (a) at the bedside [ ] (b) in the bathroom [ ] (c) in the treatment room, shared between ____ sections [ ] (d) in the treatment room in each section [ ] (e)
	C	Children may be taken to the treatment room: (a) on a bed or cot [ ] (b) in a wheelchair [ ] (c) on foot [ ] (d)
	D	And they may be accompanied by: (a) a nurse and parent [ ] (b)
2F	E	Hearing assessment will be carried out: (a) in an audiology room [ ] (b) in the children's out-patient assessment area [ ] (c) in the E.N.T. department [ ] (d)
2A,E	F	Physiotherapy and rehabilitation may be carried out: (a) in the children's out-patient assessment area [ ] (b) in the rehabilitation department [ ] (c) in the in-patient day area [ ] (d)

5.17 IN-PATIENTS - SANITARY FACILITIES

Earlier decision	Ref	5.17 IN-PATIENTS - SANITARY FACILITIES
	A	W.C. and personal washing facilities will be required: (a) in each single room [ ] (b) in selected single rooms [ ] (c) in association with each multi-bed space [ ] (d)
25A,B	B	Access to WCs and personal washing facilities should be: (a) from outside the multi-bed space [ ] (b) not more than 12 metres from bed spaces [ ] (c) visible to nurses [ ] (d)
25A,B	C	Washing, bathing and lavatory facilities should be provided on the basis of: (a) 1 W.C. to every 4 children [ ] (b) 1 bath to every 5 children [ ] (c) 1 shower to each nursing section [ ] (d)
	D	Facilities for clinical handwashing should be available: (a) in each single room [ ] (b) in multi-bed spaces [ ] (c)
	E	Baths, showers and WCs should be: (a) normal domestic type and size [ ] (b) fitted with handrails for use by handicapped children [ ] (c)
	F	Wash-hand basins, mirrors, towel rails, etc. should be: (a) placed at a convenient height for children [ ] (b)
	G	Space may be required for: (a) wheelchairs [ ] (b) sanitary chairs [ ] (c) lifting devices [ ] (d) adult assistance [ ] (e)

5.18 IN-PATIENTS - EDUCATION

TEACHING FACILITIES

Education for children in hospital can take place in the bed areas, in a specially provided classroom, or where appropriate in play areas. However, the responsibility for providing education for children in hospital rests with local education authorities. (HBN, para. 1.30)

HEALTH AUTHORITIES PROPOSING TO BUILD NEW HOSPITAL ACCOMMODATION FOR CHILDREN OR TO ADAPT OR ADD TO EXISTING ACCOMMODATION SHOULD CONSULT THE LOCAL EDUCATION AUTHORITY AT AN EARLY PLANNING STAGE ABOUT THE EXTENT OF ANY EDUCATIONAL ACCOMMODATION, ITS DESIGN AND HOW IT SHOULD BE FINANCED (see D.E.S. DESIGN GUIDE). (HBN, PARA .1.30)

The financial principles outlined in Circular HSC(IS)37 and DES Circular 5/74, dated 21 May 1974, should be applied to accommodation regarded as being made available to the local education authority under section 26(3) of the National Health Service Act 1977. Any capital contribution and/or rent, etc. by the local education authority should relate to the capital and running costs of any accommodation provided. (HBN, para. 1.30)

Earlier decision	Ref	5.18 IN-PATIENTS - EDUCATION
	A	Formal education will be provided for children that are: (a) over 5 years old [ ] (b) remaining in hospital for more than three weeks [ ] (c)
28B	B	Teaching of children will take place: (a) in a separate teaching area [ ] (b) in the dining area [ ] (c) at the bedside [ ] (d)
	C	Space will be required for: (a) ____ beds (including orthopaedic beds) [ ] (b) wheelchairs [ ] (c)

5.19 IN-PATIENTS - STORAGE

Earlier decision	Ref	5.19 IN-PATIENTS - STORAGE
30A	A	A clean utility will be required for: (a) the preparation of trolleys and assembly of equipment for clinical procedures [ ] (b) secure storage of pharmacy supplies and controlled drugs [ ] (c) storage of a working supply of clean and sterile supplies [ ] (d)
	B	A dirty utility room will be required for: (a) cleansing of used items [ ] (b) temporary storage of used items [ ] (c) urine testing [ ] (d) storage of bedpans, etc. [ ] (e) cleansing or maceration of bedpans, etc. [ ] (f)
	C	An equipment/supply store will be required in each section for: (a) general items [ ] (b) mobile equipment [ ] (c) bulk packs of disposables [ ] (d)
	D	Linen will be stored in: (a) an exchange linen trolley [ ] (b) a linen store room [ ] (c)
	E	Parking space will be required for: (a) exchange linen trolleys [ ] (b) linen/supply distribution trolleys (for use within section) [ ] (c) patient trolleys (SPECIFY WHERE)- (d) wheelchairs [ ] (e)
	F	The holding area for soiled linen, dressings and other items will be: (a) a disposal room [ ] (b) shared between ____ sections [ ] (c) in each section [ ] (d)

5.20 IN-PATIENTS - SHARED FACILITIES

FACILITIES FOR PARENTS

IN ADDITION TO THE ACCOMMODATION FOR PARENTS IN THE SINGLE ROOMS, A SITTING ROOM WITH BEVERAGE POINT AND A SHOWER WITH TOILET WILL BE NEEDED. THE NUMBER OF BEDROOMS, SHARED BETWEEN NURSING SECTIONS SHOULD BE DETERMINED ACCORDING TO LOCAL NEED AND COSTS ARE PROVIDED UNDER ECA. (HBN, para. 2.90)

Earlier decision	Ref	5.20 IN-PATIENTS - SHARED FACILITIES
	A	The following activity spaces may be shared between adjoining nursing sections (SPECIFY RATIO):
23B		(a) admission/examination room, 1:___
30B		(b) treatment room, 1:___
32		(c) education, 1:___
26E		(d) bedrooms for parents, 1:___
		(e) parents' sitting room and toilet, 1:___
		(f) seminar room, 1:___
		(g) doctors' room, 1:___
		(h) staff cloakroom and WCs, 1:___
28A		(i) baby feed store/preparation, 1:___
33C		(j) storage, 1:___
33F		(k) disposal room, 1:___
		(l)
		(m)
		(n)
16A 22A	B	The following spaces may be shared with other areas of the children's accommodation:
		(a)
		(b)
		(c)
		(d)
		(e)

5.21 DAY PATIENTS - RECEPTION, WAITING & PLAY AREAS

Earlier decision | Ref

5.21 DAY PATIENTS - RECEPTION, WAITING & PLAY AREAS

A The children's day patient care section will normally be used:
(a) Monday-Friday [ ]
(b)

B Between the hours of:
(a) 8am and 6pm [ ]
(b)

C Children may be admitted as day patients for:
(a) surgical procedures [ ]
(b) medical treatment [ ]
(c) investigation/diagnostic procedures [ ]
(d)

D Documentation of patients will be carried out:
(a) prior to admission [ ]
(b)

E Reception of patients will take place:
(a) at the staff base [ ]
(b)

F There should be visual supervision from the staff base of:
(a) the bed areas [ ]
(b) the drugs cupboard [ ]
(c)

G Children will normally be admitted:
(a) in the morning [ ]
(b) in the morning and at midday [ ]
(c)

H A waiting/play area will be provided:
(a) near the entrance to the unit [ ]
(b)

5.22 DAY PATIENTS - BEDROOMS

BEDROOMS

Two single rooms are required to accommodate patients and parents. (HBN, para. 2.156)

There should be a multi-bed room or bay to accommodate six beds. (HBN, para. 2.157)

Earlier decision | Ref

5.22 DAY PATIENTS - BEDROOMS

6A

A Patients will be accommodated in:

(a) ____ single-bed rooms

(b) a multi-bed room/bay with _____ beds

(c) a multi-bed room/bay with _____ beds

(d)

B Patients may arrive at the bedspace:
(a) in a wheelchair [ ]
(b) on a stretcher [ ]
(c) on foot [ ]
(d)

C Patients will dress/undress:
(a) at the bedside [ ]
(b)

5.23 DAY PATIENTS - TREATMENT/EXAMINATION

TREATMENT/EXAMINATION

The surgical cases may be taken to the theatre in their beds/cots and post-operatively remain in the recovery area of the theatre until fit for return to the day care section. Investigation and/or treatment may be carried out in the section itself or in one of the diagnostic departments of the hospital. (HBN, para. 2.150)

PATIENTS UNFIT FOR DISCHARGE

When considered sufficiently fit the children will go home from the day care section accompanied by their parents. Occasionally a child may be considered unfit for discharge and will need to be admitted as an in-patient. (HBN, para. 2.153)

Earlier decision	Ref	5.23 DAY PATIENTS - TREATMENT/EXAMINATION
23 34A	A	Children admitted for day surgery will be examined; (a) in the doctor/admissions office associated with the in-patient unit [ ] (b) in the day patient unit [ ] (c)
30A	B	Children will be prepared for treatment: (a) in the nursing section [ ] (b)
30A	C	Investigation and/or treatment may be carried out; (a) in the nursing section [ ] (b) in the operating department [ ] (c) in the day patient treatment suite [ ] (d) in one of the diagnostic departments of the hospital [ ] (e)
	D	A treatment/examination room will be required: (a) adjacent to the bed area [ ] (b)
	E	This room will also be used for: (a) specimen collection [ ] (b) parental discussions [ ] (c)
9A	F	Patients unfit for discharge may be admitted as in-patients to: (a) the children's in-patient section [ ] (b) isolation nursing section [ ] (c) special units in other hospitals [ ] (d)

5.24 DAY PATIENTS - PARENTS' FACILITIES

PARENTS' FACILITIES

Most parents stay with their children and help with their general care. Discussion with relatives on the treatment or follow-up treatment for their children could conveniently take place in a quiet area of the day care section or in an office in the in-patient section. (HBN, para. 1.51)

The parents' sitting room could be used by parents or relatives while the children are undergoing surgery. Patients awaiting the results of investigation and siblings could play in the in-patient play room. (HBN, para. 2.152)

Earlier decision | Ref

5.24 DAY PATIENTS - PARENTS' FACILITIES

A Parents will generally accompany their children:
(a) at reception and in waiting areas [ ]
(b) during treatment/examination [ ]
(c) when discharged [ ]
(d)

B Facilities will be required for parents:
(a) to wait while children are undergoing surgery [ ]
(b) to wait with children for results of investigations [ ]
(c) to discuss follow-up treatment, etc. with staff [ ]
(d)

27C C A parents' sitting room will be available:
(a) as a shared facility within the children's accommodation [ ]
(b)

D Parents and children awaiting results will wait in:
(a) the area provided near the entrance [ ]
(b)

E Discussion with parents may take place:
(a) in a quiet area of the day care section [ ]
23F (b) in an office in the in-patient section [ ]
(c) in the treatment/examination room [ ]
(d) in the admission room [ ]
23F (e) in the sister/charge nurse's office [ ]
(f)

5.25 DAY PATIENTS - ANCILLARY ACCOMMODATION

Earlier decision | Ref

5.25 DAY PATIENTS - ANCILLARY ACCOMMODATION

A A small clean utility room will be required:
(a) closely associated with the staff base [ ]
(b)

B A dirty utility/disposal room will be required for:
(a) disposal and cleaning of items [ ]
(b) receiving and testing urine specimens [ ]
(c) storage of bedpans/potties [ ]
(d) bedpan cleansing or maceration [ ]
(e)

C A toilet should be provided, with hand-washing facilities [ ]

D A small pantry will be required for:
(a) the provision of simple refreshments for patients [ ]
(b)

5.26 SUPPLY AND STORAGE

SUPPLIES SYSTEM

The system(s) will be the same for the Whole Hospital. Supplies will be delivered according to local policies, probably at the following intervals:

Sterile supplies - daily (6 times a week)

Linen - daily (6 times a week)

Pharmacy - daily (6 times a week)

Bulky disposables - 3 times a week

Catering provisions:- milk - daily
other - twice weekly

Surgical sundries - weekly

Cleaning materials - weekly

Hardware and crockery - fortnightly

Stationery - fortnightly

Earlier decision | Ref

5.26 SUPPLY & STORAGE

A Supply deliveries to be controlled by a topping-up system will be:

	number of days stock	frequency of delivery
(a) sterile supplies		
(b) linen		
(c) nappies		
(d) pharmacy supplies		
(e) medical & surgical sundries		
(f) cleaning materials		
(g) hardware and crockery		
(h) stationery		
(i) catering provisions - milk		
(j) - dry goods		
(k) bulk disposables		
(l)		
(m)		

B Supply deliveries to be controlled by a requisition system will be:

(a) sterile supplies		
(b) linen		
(c) nappies		
(d) pharmacy supplies		
(e) medical & surgical sundries		
(f) cleaning materials		
(g) hardware and crockery		
(h) stationery		
(i) catering provisions - milk		
(j) - dry goods		
(k) bulk disposables		
(l)		
(m)		

5.27 DISPOSAL AND CLEANING

Earlier decision | Ref

5.27 DISPOSAL & CLEANING

A The system of disposal will be:
(a) soiled linen in bags, colour coded _____
(b) foul/infected linen in bags, colour coded _____
(c) soiled dressings in bags, colour coded _____
(d) returnable items to CSSD in bags, colour coded _____
(e) labelled containers for CSSD items and pathology specimens [ ]
(f) returnable empties in labelled containers [ ]
(g)

B Soiled linen/clothing will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

C Waste for destruction will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

D Soiled returnable instruments will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

E Bedpans, potties, urinals and vomit bowls will be:
(a) disposable (bedpans/potties/urinals/vomit bowls) [ ]
(b) non-disposable (bedpans/potties/urinals/vomit bowls) [ ]
(c)

F Bedpans, etc. will be stored:
(a) in the vicinity of each bed space [ ]
(b) in the dirty utility room [ ]
(c)

5.27 DISPOSAL AND CLEANING (contd.)

CLEANING

Materials and finishes should be selected to minimise maintenance costs including cleaning cost and be compatible with the functional and environmental requirements. Assemblies that require regular decoration or are difficult to service should be avoided. The design of components which are subject to heavy usage such as entrance doors, corners on partitions and counters should receive special design consideration. In particular, floor finishes should be restricted in variety and, where soft floor coverings are specified, should have a backing impervious to fluids (see Floor Covering Study Group Report, HN(78)32 (in Wales: WHN(78)92)). (HBN, para. 2.5)

PROVISION IS REQUIRED FOR THE STORAGE OF CLEANING MATERIALS (IN LOCKABLE CUPBOARDS) AND EQUIPMENT IN ACCORDANCE WITH THE DOMESTIC SERVICES POLICIES. FACILITIES ARE NEEDED FOR EMPTYING AND CLEANING EQUIPMENT. THIS FACILITY CAN BE SHARED BY TWO NURSING SECTIONS. (HBN, PARA. 2.140)

Earlier decision | Ref

5.27 DISPOSAL & CLEANING (contd.)

A Cleaning will be carried out:

(a) partially by domestic staff working exclusively in the accommodation and partially by unit teams working outside busy periods [ ]

(b) by domestic staff who work mainly in the children's accommodation [ ]

(c) by unit domestic staff for main cleaning, with a central cleaning team for wall washing and special cleaning [ ]

(d)

5.28 ADMINISTRATION & STAFF EDUCATION

ADMINISTRATION

Offices will be needed for use by consultants, senior nursing staff, community care staff and clerical/secretarial support staff. (See HBN 18 - Administrative Department.) (HBN, para. 1.34)

OFFICE ACCOMMODATION FOR JUNIOR MEDICAL STAFF AND CHARGE NURSE/SISTER GRADE NURSING OFFICERS WILL NORMALLY BE REQUIRED WITHIN THE VARIOUS SECTIONS OF THE IN-PATIENT/DAY PATIENT CARE UNIT. CARE SHOULD BE TAKEN TO AVOID DUPLICATION OF OFFICES. (HBN, para. 1.35)

General communications with the out-patient and the comprehensive assessment units and the in-patient accommodation will be required to facilitate the close contact necessary with the community services. (HBN, para. 1.35)

CLINICAL TEACHING

SEMINAR FACILITIES FOR STAFF TO RECEIVE CLINICAL INSTRUCTION AND FOR CASE DISCUSSION WILL BE REQUIRED FOR THE IN-PATIENT AND/OR COMPREHENSIVE ASSESSMENT UNIT. THIS ROOM SHOULD BE PROVIDED ONLY WITHIN THE CHILDREN'S ACCOMMODATION IF THERE IS NO SUITABLE ACCOMMODATION ELSEWHERE. (HBN, para. 1.31)

If it has been agreed that the teaching of undergraduate medical students will take place in the accommodation, and their numbers necessitate additional space, reference should be made to the document "Teaching Hospital Space Requirements" (DS 65/74 and Welsh Office's letter dated 29th April 1974, HSD 3/57/1). (HBN, para. 1.32)

The majority of post-graduate/medical education requiring special facilities will take place in a post-graduate medical education centre or the hospital education centre. Apart from the use of seminar rooms, no special facilities are normally required elsewhere in the hospital. (HBN, para. 1.33)

Earlier decision	Ref	5.28 ADMINISTRATION & STAFF EDUCATION
	A	The day-to-day general nursing management of the children's accommodation will be undertaken by: (a) sister/charge nurses in charge of each section [ ] (b) a nursing officer in overall charge [ ] (c)
	B	The nursing officer will require an office: (a) centrally in the hospital (i.e. administration) [ ] (b)
10G 14A,C 17C 23F	C	Separate offices will also be required within the children's accommodation for use by: (a) medical, nursing and community staff [ ] (b) clerical/secretarial support staff [ ] (c) junior medical staff, shared between two sections [ ] (d) charge nurses/sisters within the various sections of the in-patient/day patient care unit [ ] (e) professional staff of the assessment service [ ] (f)
	D	Clinical instruction and teaching will be carried out for: (a) student nurses [ ] (b) pupil nurses [ ] (c) post-registration nurses [ ] (d) health visitors [ ] (e) dietitians [ ] (f) physiotherapists [ ] (g) physiotherapy trainees [ ] (h) occupational therapy trainees [ ] (i) social workers [ ] (j) speech therapists [ ] (k) radiographers [ ] (l) patients, clinical procedures [ ] (m) parents and other relatives [ ] (n) medical undergraduates [ ] (o) medical post-graduates [ ] (p) (q)

5.28 ADMINISTRATION & STAFF EDUCATION (contd.)

SEMINAR ROOM

One seminar room shared between two nursing sections and large enough for about 10 persons will be required for medical, nursing and other staff. The seminar room is primarily for the use of the department though it may be available to users on a Whole Hospital basis. Facilities are needed for clinical instruction and demonstrations, teaching, discussions and tutorials. As children will be involved with the demonstrations, the environment should be as pleasant as possible and compatible with the clinical needs. Activities such as X-ray viewing, the use of slides and note-taking will be carried out. A hand-wash basin will be needed. (HBN, para. 2.130)

Earlier decision | Ref

5.28 ADMINISTRATION & STAFF EDUCATION (contd.)

A Clinical instruction will take place:
(a) at the bedside [ ]
(b) at the staff base [ ]
(c) in the sister/charge nurse's office [ ]
(d) in the doctor's/admissions office [ ]
(e) in the treatment room [ ]
(f) in a seminar room [ ]
(g) in an education centre [ ]
(h)

B Formal teaching of staff will be carried out in:
(a) an education centre [ ]
(b) a seminar room at unit/section level [ ]
(c) a seminar room shared between ____ sections [ ]
(d)

C Facilities will be required in the seminar room for:
(a) seating 12 people [ ]
(b) clinical instruction and demonstrations [ ]
(c) teaching, discussions and tutorials [ ]
(d) X-ray viewing [ ]
(e) slide projection [ ]
(f) note-taking [ ]
(g) handwashing [ ]
(h)

5.29 STAFFING

Earlier decision | Ref

5.29 STAFFING

A The estimated number, for planning purposes, of nursing staff working in the children's accommodation will include:

Earlier decision		whole time	part time	WTE
2 6	(a) nursing officer			
	(b) sister/charge nurse			
	(c) state registered nurses			
	(d) state enrolled nurses			
	(e) learners			
	(f) auxiliaries			
	(g) clinical teacher			
	(h)			

B The estimated number, for planning purposes, of medical staff working in the children's accommodation will include:

Earlier decision		whole time	part time	WTE
2 6	(a) consultants			
	(b) medical assistants			
	(c) senior registrars			
	(d) registrars			
	(e) house officer			
	(f) junior doctors			
	(g) clinical assistants			
	(h)			

5.29 STAFFING (contd.)

Earlier decision | Ref

5.29 STAFFING (contd.)

A The estimated number, for planning purposes, of para-medical staff working in the children's accommodation will include:

Earlier decision		whole time	part time	WTE
2	(a) occupational therapists			
6	(b) physiotherapists			
	(c) physiotherapy helpers			
	(d) rehabilitation helpers			
	(e) speech therapists			
	(f) psychologists			
	(g) social workers			
	(h) play worker/teacher			
	(i) technicians (SPECIFY) -			
	(j) -			
	(k) -			
	(l) dietitian			
	(m)			

B The estimated number, for planning purposes, of other staff working in the children's accommodation will include:

Earlier decision		whole time	part time	WTE
42A	(a) domestic supervisor			
	(b) domestic assistants			
	(c) cleaners			
	(d) ward orderlies			
	(e) outside porters			
10D,E	(f) clerk/receptionists			
17A	(g) secretary/typists			
43C	(h)			

C Porters will be provided:
(a) exclusively for the accommodation on a permanent basis [ ]
(b) seconded from central portering services [ ]
(c)

5.30 STAFF FACILITIES

Earlier decision	Ref	5.30 STAFF FACILITIES
	A	The estimated number of staff working in the children's accommodation during a day shift period will be: - male _____ - female _____ TOTAL _____
16A	B	Staff will use: (a) the central changing accommodation of the hospital, with small lockers for personal possessions provided locally [ ] (b) section changing accommodation [ ] (c) section changing accommodation (for female staff) and central changing accommodation (for male staff) [ ] (d)
34	C	Tea/coffee breaks and rest room facilities will be provided: (a) in the seminar room [ ] (b) in a rest room shared between _____ sections [ ] (c) in a rest room for each section [ ] (d) outside the children's accommodation [ ] (e)

5.31 COMMUNICATIONS & OTHER ENGINEERING SERVICES

Earlier decision | Ref

5.31 COMMUNICATIONS & OTHER ENGINEERING SERVICES

A Telephone communication will be provided by:
(a) an appropriate PABX system with suitable barring (as Whole Hospital) [ ]
(b)

B Staff location will be via:
(a) pocket receivers issued to all essential staff [ ]
(b) an induction wire loop system [ ]
(c) a VHF/UHF system [ ]
(d)

C Patients' call facilities will be provided:
(a) at each bed-head [ ]
(b) in treatment rooms [ ]
(c) in play/dining areas [ ]
(d) in the schoolroom [ ]
(e) in bathrooms, showers and WCs [ ]
(f)

D Staff/staff emergency call facilities will be provided:
(a) in each bed area [ ]
(b) in play/dining areas [ ]
(c) in treatment rooms [ ]
(d) in assisted bathrooms, showers and WCs [ ]
(e)

E An intruder alarm will be required:
(a) at the staff base [ ]
(b)

F A telephone jack for a trolley phone will be required:
(a) in bed areas [ ]
(b)

G TV outlets will be required in:
(a) all bed areas [ ]
(b) day/play areas [ ]
(c)

5.31 COMMUNICATIONS & OTHER ENGINEERING SERVICES (contd.)

FIRE SAFETY

At the time of writing, Departmental guidance on all aspects of Fire Safety is being prepared in a series of documents within the Health Technical Memoranda series, commencing at HTM 81 (although publication may not be in strict numerical order). It is essential that the project teams familiarise themselves with this guidance and the statutory regulations on the subject. In particular, the need for structural fire precautions and means of escape from the whole accommodation must be taken into account at the earliest possible planning stage. Guidance on fire safety as it applies to new health buildings and new parts of health buildings (e.g. extensions) is contained in HTM 81 "Fire Safety in Health Care Premises - Planning and Design of New Buildings" (a draft of this document has already been circulated within the NHS under the title "Fire Safety in Health Buildings" dated September 1978). (HBN, para. 1.37)

During the design stage it is important to establish those aspects of fire safety strategy which affect the design, configuration and structure of the project. The architect and engineer should discuss and verify their proposals with the local fire authority from the inception of the scheme through to completion, and ensure that the project team and other planning staff are fully acquainted with the fire safety strategy for the design in terms of operation (staff responsibilities, etc.), equipment provision, and building and engineering layouts. (HBN, para. 1.38)

Earlier decision | Ref

5.31 COMMUNICATIONS & OTHER ENGINEERING SERVICES (contd.)

A Domestic gas will:
(a) not be required [ ]
(b) be required in the pantry [ ]
(c)

B Drinking water must be available:
(a) in the clean utility [ ]
(b) in the pantry/milk preparation room [ ]
(c) at all cold water taps [ ]
(d)

C Piped oxygen, medical compressed air and vacuum will be supplied to:
(a) all single bedrooms [ ]
(b) multi-bed rooms (SPECIFY RATIO/S): -
(c) -
(d) -
(e) the treatment room [ ]
(f)

D Mechanical ventilation should be provided for:
(a) all internal rooms [ ]
(b) bedrooms used for incubators [ ]
(c) the treatment room [ ]
(d)

E Fire alarms, smoke doors, smoke/heat detectors and fire fighting equipment will be provided:
(a) in accordance with the Whole Hospital Fire Policy [ ]
(b) in accordance with decisions made by the Architect, Engineer and local fire authority officer [ ]
(c)

F Fire escape routes will lead from every room:
(a) via an adjacent compartment or sub-compartment [ ]
(b)

G Fire escape routes from bed areas may be into:
(a) an adjacent bed area [ ]
(b) a non-bed area [ ]
(c) the main hospital corridor [ ]
(d) the hospital grounds [ ]
(e)

5.31 COMMUNICATIONS & OTHER ENGINEERING SERVICES (contd.)

Earlier decision | Ref

5.31 COMMUNICATIONS & OTHER ENGINEERING SERVICES (contd.)

A General lighting requirements are:
(a) fluorescent lighting generally [ ]
(b) night lights in all bed areas [ ]
(c) colour-corrected tubes in clinical areas [ ]
(d)

B Electrical power supplies requirements are:
(a) _____ switched socket outlets to each bed [ ]
(b) _____ outlets in the treatment room [ ]
(c) _____ outlets for domestic appliances, portable X-ray machines and equipment [ ]
(d)

C Electrical switchgear will be housed:
(a) in a switchroom for each nursing section [ ]
(b)

D Hot water should be controlled:
(a) to a temperature of 44°C [ ]
(b)

E All exposed heating surfaces should:
(a) not exceed a temperature of 50°C [ ]
(b)

6. GENERAL DESIGN REQUIREMENTS

STATUTORY AND OTHER REQUIREMENTS

It is Government policy that health buildings should comply with the technical requirements of all relevant statutes and regulations even though the Crown need not always follow the procedural requirements of such legislation. Health buildings should also comply with all relevant codes of practice and standards. Whilst this guidance is compatible with the relevant statutory and other requirements currently in force at the time of writing, it nevertheless does not relieve health authorities of the responsibility for ensuring compliance with statutes, regulations, codes and standards at all stages in their building projects. (HBN, para. 1.36)

THE PATIENTS

A child's reactions to hospital may result in ill effects; children are emotionally vulnerable and earlier experiences may affect their later development. A child's reactions may also interfere with the success of medical treatment. There is therefore a need to create an environment which is light, attractive, friendly and as non-clinical as possible and, within the accommodation provided, to reduce to a minimum the likelihood of traumatic experiences. A child's links with home should be maintained by unrestricted visiting and by the provision of accommodation for parents. (HBN, para. 1.23)

INTERNAL SPACES

INTERNAL ROOMS MAY CONTRIBUTE TO ECONOMY IN PLANNING BUT THE RESULTANT ADDITIONAL ARTIFICIAL LIGHTING AND VENTILATION WHICH MAY BE NECESSARY WILL ADD TO BOTH CAPITAL AND RUNNING COSTS. SUCH ROOMS ARE NOT CONDUCIVE TO GOOD WORKING CONDITIONS. THEY ARE SUITABLE FOR USE ONLY AS SUPPORTING SERVICE ROOMS OR AS SPACES WHICH ARE EITHER INFREQUENTLY OCCUPIED OR DEMAND A CONTROLLED ENVIRONMENT. (HBN,para.2.10)

Rooms which are likely to be occupied for any length of time by staff or patients should have windows. Office staff may be difficult to recruit or retain if office areas do not have an external outlook. (HBN, para. 2.10)

Earlier decision | Ref

6. GENERAL DESIGN REQUIREMENTS

A The general design of the children's accommodation must be:
(a) light, attractive, friendly and non-clinical [ ]
(b)

B Internal spaces/rooms (with artificial lighting and ventilation) should only be used for:
(a) supporting service rooms [ ]
(b) spaces infrequently occupied [ ]
(c) spaces demanding a controlled environment [ ]
(d)

C Landscaped internal courtyards are desirable if they:
(a) are accessible and economic to maintain [ ]
(b) allow privacy of surrounding rooms [ ]
(c)

Damage in health buildings

When designing and subsequently equipping health buildings, due consideration should be given to the need to minimise the likely occurrence and effects of accidental damage. In particular, damage in health buildings has been aggravated over the years by the increased use of heavier mechanical equipment for the movement of patients and supplies and, to some extent, by the use of lightweight, often less robust, building materials which cannot withstand impact. Reference should be made to the relevant British Standards and to the advice given in the Department's DS (Supply) letter 42/75, dated 5 August 1975, about the buffering of movable equipment.

6. GENERAL DESIGN REQUIREMENTS (contd.)

ECONOMY

THE DESIGN OF THIS ACCOMMODATION MUST TAKE ACCOUNT OF THE NEED FOR ECONOMY IN ALL ASPECTS INCLUDING SPACE PROVISION, THE GOOD FUNCTIONAL RELATIONSHIPS OF THE STAFF CHANGING FACILITIES AND THE REST OF THE HOSPITAL, STAFF UTILISATION, ENERGY CONSUMPTION AND MAINTENANCE. WHILST THE OVERALL CAPITAL EXPENDITURE MUST BE KEPT IN MIND, IT IS EQUALLY IMPORTANT TO ENSURE THAT ALL COST CONSEQUENCES OF PROJECT DECISIONS ARE FULLY CONSIDERED. A BOOKLET ENTITLED 'NOTE ON THE RELATIONSHIP BETWEEN PLANNING HEALTH BUILDINGS AND THE COST OF RUNNING THEM', ISSUED IN SEPTEMBER 1980 WITH HN(80)29, (WHN(80)36 IN WALES) SHOULD BE OF INTEREST TO DESIGN TEAMS.

THE AMOUNT OF SPACE FOR A SERVICE OR GROUP OF SERVICES SHOULD BE NO MORE THAN IS CURRENTLY NEEDED. PLANNING SHOULD ENSURE THAT SPACES PROVIDED ARE NOT DUPLICATED AND THAT THEY ARE USED AS INTENSIVELY AS POSSIBLE. CORRECT WORKING RELATIONSHIPS WILL HELP TO FACILITATE ECONOMY. (HBN, para. 2.2)

SECURITY

Security will normally be a matter of whole hospital policy. Wherever supplies such as linen, food, drugs, instruments, cleaning materials, etc. are stored, precautions against theft may be required, for example cupboards may need lockable doors, windows should have appropriate protective devices and, in certain circumstances, there may be a requirement for audio/visual alarms. (HBN, para. 2.8)

The designer could usefully discuss his proposals for security with the officer in charge of the Police Crime Prevention Department in whose area the hospital is proposed and, at the same time, with a hospital or district security officer or adviser if one is employed by the Health District. Contact should be made early, preferably at the outline stage of the building design, at the same time that Fire and Safety officers are consulted; this should enable an early resolution of the sometimes conflicting demands of security and fire safety. (HBN, para. 2.9)

Earlier decision | Ref

6. GENERAL DESIGN REQUIREMENTS (contd.)

A Spaces that may be shared/used for more than one function include the:
(a) admission/examination room [ ]
(b) seminar room [ ]
(c) staff cloakroom and WCs [ ]
(d)

B Adaptability of the accommodation for use by adult in-patients is desirable. [ ]

C For management efficiency the children's sections should be:
(a) horizontally adjacent [ ]
(b) provided with one entry corridor [ ]
(c) designed with the sister/charge nurse's office at the entrance [ ]
(d)

D Attention should be paid to the secure storage of:
(a) linen [ ]
(b) food [ ]
(c) drugs [ ]
(d) instruments [ ]
(e) cleaning materials [ ]
(f)

6. GENERAL DESIGN REQUIREMENTS (contd.)

SAFETY

Safety is a factor that must be taken into consideration in the design layout, siting and equipping of all parts of the hospital to which children have access. The possibility of dangerous situations arising through human error, on the part of visitors or staff, needs to be anticipated as far as possible and measures taken to avoid their occurrence. At the same time, safety measures should not cause avoidable inconvenience nor impair efficiency. Within the patient area itself the best deterrent to mishap is an unobstructed view to all areas. (HBN, para. 2.18)

Appropriate safety measures are those which make it as difficult as possible, if not impossible, for young children to enter accommodation which might contain equipment or material likely to be harmful to them. Such accommodation and items of possible danger include:

a. kitchen and beverage areas where there are cookers, hot plates and heated food trolleys;
b. utility rooms, cleaners' rooms, stores and any other areas where drugs, lotions or cleaning fluids may be kept (disinfectants and cleaning fluids must be treated as poisons and kept in locked cupboards);
c. disposal areas where potentially infected rubbish is held;
d. treatment rooms or other areas where medical or surgical equipment may be kept;
e. doors and windows;
f. low-level engineering terminals;
g. lifts and paternosters.

Other aspects which need to be considered are the possibility of limbs or heads being trapped in fittings, etc., hazards from lift shafts, stairwells and fixed equipment, danger from broken glass and deep water, interference by outsiders and children straying from the department. (HBN, para. 2.19)

Doors to kitchens, utilities, etc. should have high level latches as specified on the appropriate Activity Data sheets. (HBN, para. 2.20)

Safety glass should be used in all partitions and doors. Windows overlooking an outside play area should not open outwards: children playing outside may be injured by running into the projecting part of the window. Windows should be fitted with restrictor devices. (HBN, para. 2.21)

Earlier decision | Ref

6. GENERAL DESIGN REQUIREMENTS (contd.)

A Particular attention should be paid to safety in the following areas:
(a) kitchen and beverage areas [ ]
(b) areas where drugs, lotions or cleaning fluids are kept [ ]
(c) disposal areas [ ]
(d) doors and windows [ ]
(e) low-level engineering terminals [ ]
(f)

B Precautions necessary for the protection of children include:
(a) door handles, fire appliances, bed-head lights and power points suitably placed and of safe design [ ]
(b) all wash-basins used by children should have thermostatic control of the water, which should not exceed 44^{0}C [ ]
(c) windows may require some form of screening and/or window locks [ ]
(d) balconies should be protected by railings designed to prevent children climbing over, under or through them [ ]
(e) railings and stair bannisters should be designed so that children cannot get their heads fixed in them [ ]
(f) all play spaces should be walled, fenced or wired in [ ]
(g) avoidance of sharp corners [ ]
(h)

C The following design features are desirable in the children's accommodation:
(a) the ability for a child in bed to see other children playing in adjacent rooms and staff working within the section [ ]
(b) all glazed panels should have privacy control [ ]
(c) bright colours, toys and furniture [ ]
(d) doors to all rooms, with viewing panels [ ]
(e) adequate space in bed areas for medical and nursing procedures to be carried out with nursing aids, medical equipment and parents in attendance [ ]
(f) daylight, without glare, in bed and day areas [ ]
(g)

D Excessive glare will be reduced by the use of:
(a) screens [ ]
(b) curtains [ ]
(c)

DESIGN BRIEFING SYSTEM

Part 2

This part of the document should be used when all the decisions in Part 1 have been completed, to select and record suitable activity spaces for the project. Whilst an activity space can be equated with a room, it may also be an unenclosed space such as a bay or corridor.

It is recommended that a sub-group of the planning team should select the activity spaces and related data sheets outside the meeting so that sufficient time is available to thoroughly check the implication of planning decisions taken in Part 1.

COMPLETING PART 2

The activity spaces likely to be required have been divided into suitable groups of accommodation (e.g. SANITARY FACILITIES). References are provided in the "Earlier decision" column to decisions in Part 1 which may have an effect on the activity space chosen. Activity spaces are selected using the existing bank of D.H.S.S. activity data sheets ("A" sheets), which may require modification to suit particular projects, or new "A" sheets may be generated.

The reference letter and number of "A" sheets, from which a choice may be made, has been included (e.g. Disposal - Y0603). The number of activity spaces required should be entered in the "No." column. The "locational relationship" column should be used to state any important locational relationships within the department, either by ticking those already entered or adding new statements.

When all activity spaces have been chosen for each group, the whole of Part 2 should be reviewed, in its entirety, to enable the planning team to rationalise any over-provision or reconsider areas that may be shared, e.g. sharing of facilities between sections or sub-departments.

The schedule of activity spaces and data sheets may be typed directly from the completed Part 2, including any guidance the team may decide to include to assist designers.

DESIGN BRIEFING SYSTEM

HOSPITAL ACCOMMODATION FOR CHILDREN

Part 2

SCHEDULE OF ACTIVITY SPACES

The hospital accommodation for children is scheduled in the following groups:

OUT-PATIENT ACCOMMODATION	56-57
COMPREHENSIVE ASSESSMENT - ASSOCIATED WITH OPD	58
- NOT ASSOCIATED WITH OPD	59
IN-PATIENT ACCOMMODATION	60-63
SHARED ACCOMMODATION/ADMINISTRATION (IN-PATIENT SECTIONS)	64-66
DAY PATIENT ACCOMMODATION	67

Planning unit/dept	Page	Design Briefing System
CHI	56	HOSPITAL ACCOMMODATION FOR CHILDREN

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
	A	RECEPTION		J0210	
	B	WAITING AREA		J1406	
10 11	C	MOTHER AND BABY ROOM		J0702	Easily accessible from waiting area
	D	WEIGHING AND MEASURING ROOM		C1405	Accessible from waiting area and consulting/examination rooms
	E	CONSULTING/EXAMINATION ROOM		C0201	
6B 12	F	TREATMENT ROOM		X0105	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	57	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
14A	A	OFFICE (NURSING SISTER/CHARGE NURSE)		M0201	
15A	B	DIRTY UTILITY (without bed pan disposal unit)		Y0401	Secure from access by children
	C	W.C. and HANDRINSE		V1106	
13	D	ASSISTED W.C. and HANDRINSE		V1204	
	E	SPECIMEN COLLECTING W.C.		V1403	
11A 15B	F	PRAM STORE/WHEELCHAIR BAY		G0108	Near waiting area

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	58	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
	A	ASSESSMENT/OBSERVATION/REMEDIAL THERAPY TREATMENT ROOMS		X0704	
	B	VIEWING ROOM		X0705	Between the assessment rooms
17C	C	OFFICE			
	D	OFFICE/SEMINAR		H0503	
40	E	STORAGE		W1110	
17D,E 19	F	WAITING/DINING SPACE/BEVERAGES		J1405 P0702	
20	G	W.C. and HANDRINSE		V1106	
	H	ASSISTED W.C. and TOILETTING		V1216	With access to dirty utility

Planning unit/dept	Page	Design Briefing System
CHI	59	HOSPITAL ACCOMMODATION FOR CHILDREN

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
17A,B	A	RECEPTION		J0210	
17D,E 19	B	WAITING/DINING SPACE/BEVERAGES		J1405 P0702	
6B	C	CONSULTING/EXAMINATION ROOM		C0201	
18	D	ASSESSMENT/OBSERV./REMEDIAL THERAPY ROOM		X0704	
	E	VIEWING ROOM		X0705	Between two assessment rooms
17C	F	OFFICE		M0201	
	G	OFFICE/SEMINAR		H0503	
20	H	AMBULANT W.C.		V1106	
	I	ASSISTED W.C. and TOILETTING		V1216	With access to dirty utility
41F	J	DIRTY UTILITY (without bedpan disposal)		Y0401	
45 46	K	STAFF LOCKER ROOM		V0606	
47	L	STAFF W.C.		V1005	
40	M	STORAGE		W1110	
	N	PRAM STORE/WHEELCHAIR BAY		G0108	
49F	O	SWITCHROOM		K0101	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	60	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship	✓
3						
4	A	SINGLE BEDROOM		B1801		
5						
6A	B	SINGLE BEDROOM (SHOWER/W.C. *en suite*)		B1802		
25						
26						
	C	MULTI-BED SPACE:				
	D	6 BEDS (4 suction/gas outlets)		B2002		
	E	6 BEDS (6 suction/gas outlets)		B2004		

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	61	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
31	A	W.C. WITH HANDRINSE		V1106	Access outside bedspace
	B	ASSISTED W.C. AND HANDRINSE		V1204	Within 12 metres of bedspaces
	C	AMBULANT BATHROOM AND W.C.		V1711	Easily and immediately accessible to children
	D	ASSISTED BATHROOM AND W.C.		V1716	Visible to nurses
	E	ASSISTED SHOWER AND W.C.		V1305	
27 28A-C 30F 32	F	PLAY/DINING/EDUCATION, etc.		D0803 D1119	

Planning unit/dept	Page	Design Briefing System
CHI	62	HOSPITAL ACCOMMODATION FOR CHILDREN

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
30A 33A	A	CLEAN UTILITY		T0601	Inaccessible to children
33B 41F	B	DIRTY UTILITY (with bedpan disposal unit)		Y0301	Inaccessible to children
33D,E,F	C	LINEN STORE		W1421	
40	D	CLOTHING AND GENERAL STORE		W1421	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	63	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
24A,B	A	STAFF BASE		T0108	Maximum observation possible
23F	B	NURSING SECTION OFFICE		M0201	Near the entrance Near the centre of the section
28 29C	C	PANTRY		P0607	
	D	TROLLEY/WHEELCHAIR/PRAM BAY		G0108	
	E	FLOWER BAY		Y1402	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	64	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
23A-D 52A	A	ADMISSION/EXAMINATION ROOM		CO301	
30A-D	B	TREATMENT ROOM		XO214	
32	C	EDUCATION SPACE		DO803 HO704	
	D	ADOLESCENTS' DAY ROOM		D1119 MO101	
	E	TEACHERS' BASE		D1122 WO905	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	65	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
26E	A	PARENTS' BEDROOM		D1303	
27C	B	PARENTS' SITTING ROOM		J1307	
29A	C	PARENTS' SHOWER AND W.C.		V1503	
43D 44 52A	D	SEMINAR ROOM		H0503	
23C	E	DOCTORS' OFFICE		M0305	
43C	F	OFFICE/INTERVIEW		M0201	
43B	G	NURSING OFFICER's OFFICE		M0205	
45 46 47	H	STAFF LOCKER ROOM (CENTRAL CHANGING)		V0606	
	I	STAFF CHANGING ROOM (DECENTRALISED)		V0504	
	J	STAFF W.C.		V1005	
28A	K	BABY FEED STORE/PREPARATION ROOM		P1002	
		SHARED ACCOMMODATION -			
		For ratios, see page 34			

Planning unit/dept	Page	Design Briefing System
CHI	66	HOSPITAL ACCOMMODATION FOR CHILDREN

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
	A	EQUIPMENT STORE		W1420	
42	B	CLEANERS' ROOM		Y1501	
41	C	DISPOSAL ROOM		Y0603	
	D	RESUSCITATION TROLLEY BAY		G0103	
49F	E	SWITCHROOM		K0101	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	67	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
35	A	STAFF BASE/RECEPTION/CLEAN UTILITY		T0305	With visual supervision of bedrooms & drugs cupboard
38	B	WAITING/PLAY		J1406	At entrance to unit
6A	C	SINGLE BEDROOM		B1801	
36	D	MULTI-BED ROOM - _____ BEDS		B2002	
37	E	TREATMENT/EXAMINATION ROOM		C0613	
38	F	W.C. AND HANDWASH		V1106	
	G	PANTRY		P0601	
41	H	DIRTY UTILITY/DISPOSAL ROOM (with bedpan disposal unit)		Y0301	
49F	I	SWITCHROOM		K0101	

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	25	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	5.14 IN-PATIENTS - BEDROOMS
	A	Patients generally will be accommodated: (a) in non-segregated multi-bed ~~rooms~~/bays or single rooms [✓] (b) in separate multi-bed rooms/bays and single rooms (adolescents) [ ] (c)
	B	Patients will be grouped by: (a) specialty [ ] (b) age groups (SPECIFY) - - - (c) nursing dependency [✓] (d)
	C	Patients' clothes and personal items will be stored: (a) in a bedside locker/wardrobe [✓] (b) in a bedside locker and separate wardrobe [ ] (c) in suitable storage cupboards [ ] (d)
	D	Books and toys will be kept: (a) within easy reach of children on low shelving [✓] (b)
	E	Children's paintings, etc. may be displayed: (a) on a panel by each bed [✓] (b)
	F	Children will wear: (a) personal clothing [✓] (b) clothes provided by the hospital [ ] (c)

Planning unit/dept	Page	Design Briefing System	Decisions
CHI	26	HOSPITAL ACCOMMODATION FOR CHILDREN	

Earlier decision	Ref	5.14 IN-PATIENTS - BEDROOMS (contd.)
6A	A	The children's in-patient section(s) will require a total of 20 beds/cots.
25A,B	B	And these will be provided in: 1 nursing section of 20 beds/cots ____ nursing sections of ____ beds
3D 25A,B	C	Each nursing section will contain: 8 single rooms 2 six-bedded areas ____
3D	D	Single rooms may be used for: (a) high dependency patients [✓] (b) small infants [✓] (c) severely ill and dying children [✓] (d) adolescents [✓] (e)
	E	Parents may stay overnight: (a) with the child in a single room [✓] (b) in separate accommodation (SPECIFY) - - (c)
	F	Source isolation and protective isolation facilities will be required: (a) in two single rooms of each section [✓] (b)
	G	The multi-bed rooms will be designed as: (a) an open bay [✓] (b) enclosed rooms [ ] (c)

EXAMPLES OF WAYS IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

Options selected - typed directly from DBS page: 25 + 26

5.14 IN-PATIENTS - BEDROOMS

A. Patients generally will be accommodated:
(a) in non-segregated multi-bed bays or single rooms.

B. Patients will be grouped by:
(c) nursing dependency.

C. Patients' clothes and personal items will be stored:
(a) in a bedside locker/wardrobe.

D. Books and toys will be kept:
(a) within easy reach of children on low shelving.

E. Children's paintings, etc. may be displayed:
(a) on a panel by each bed.

F. Children will wear:
(a) personal clothing.

5.14 IN-PATIENTS - BEDROOMS (contd.)

A. The children's in-patient section(s) will require a total of 20 beds/cots.

B. And these will be provided in:
1 nursing section of 20 beds/cots.

C. Each nursing section will contain:
8 single rooms
2 six-bedded areas.

D. Single rooms may be used for:
(a) high dependency patients;
(b) small infants;
(c) severely ill and dying children;
(d) adolescents.

E. Parents may stay overnight:
(a) with the child in a single room.

F. Source isolation and protective isolation facilities will be required:
(a) in two single rooms of each section.

G. The multi-bed rooms will be designed as:
(a) an open bay.

Options selected - narrative form:

5.14 IN-PATIENTS - BEDROOMS

Patients generally will be accommodated in non-segregated multi-bed bays or single rooms, and will be grouped by nursing dependency. 25A 25B

Patients' clothes and personal items will be stored in a bedside locker/wardrobe. 25C

Books and toys will be kept within easy reach of children on low shelving, and children's paintings, etc. may be displayed on a panel by each bed. 25D/E

Children will wear personal clothing.

5.14 IN-PATIENTS - BEDROOMS (contd.)

The children's in-patient section will require a total of 20 beds/cots and these will be provided in a nursing section containing eight single rooms and two six-bedded areas. 26A 26B 26C

Single rooms may be used for high dependency patients, small infants, severely ill and dying children and adolescents. 26D

Single rooms may also be used for parents to stay overnight and two of the single rooms will require source and protective isolation facilities. 26E 26F

The multi-bed room will be designed as an open bay. 26G

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First published 1984

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ISBN 0 11 321014 0